

# Durable Medical Equipment Authorization Appeal

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]

[Insurance Company Name]  
[Insurance Company Address]  
[City, State, Zip Code]

Re: Appeal for Durable Medical Equipment Authorization  
Patient: [Patient's Name]  
Policy Number: [Policy Number]  
Claim Number: [Claim Number]

Dear [Claims Department / Appropriate Name],

I am writing to formally appeal the denial of authorization for the prescribed durable medical equipment (DME) for [Patient's Name]. The requested equipment, [specific equipment name], was denied on [date of denial], stating that [briefly mention reason for denial].

[Patient's Name] has been diagnosed with [medical condition], and the recommended DME is essential for [explain need for equipment, e.g., mobility, daily activities, etc.]. Attached you will find supporting documentation from [Doctor's Name], including [list documents: prescription, medical records, etc.], to provide evidence of the medical necessity of this equipment.

I ask that you review the attached documents and reconsider this decision. It is critical for [Patient's Name] to have access to the necessary equipment to manage their health condition effectively.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]  
[Your Signature (if sending a hard copy)]