

Durable Medical Equipment Denial Explanation

Date: [Insert Date]

Recipient Name: [Insert Recipient's Name]

Recipient Address: [Insert Recipient's Address]

Dear [Recipient's Name],

We are writing to inform you about the decision regarding your request for durable medical equipment (DME) coverage, which was received on [Insert Date of Request]. After careful review of your case, we regret to inform you that your request has been denied.

The reasons for this denial are as follows:

- [Reason for Denial 1]
- [Reason for Denial 2]
- [Reason for Denial 3]

You may appeal this decision by providing additional information to support your request. Please send your appeal to [Insert Appeal Address or Email] by [Insert Appeal Deadline]. Make sure to include your claim number and any relevant documentation.

Our goal is to provide you with the care you need. If you have further questions regarding this decision, please do not hesitate to contact our customer service team at [Insert Customer Service Phone Number] or [Insert Customer Service Email].

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Contact Information]