

[Mailing date]

[Contact Name of medical director or other payer representative]

[Contact Title]

[Name of Health Insurance Company]

[Address]

[City, State, Zip]

Insured: «pt\_first\_name» «pt\_last\_name»

Policy Number: «Ins\_Pri\_PolicyNum»

Re: Dates of service <insert dates of service for claim denials>

To whom it may concern:

I am writing on behalf of my patient, «pt\_first\_name» «pt\_last\_name», to request that «Name of Health Insurance Company» approve coverage and appropriate payment associated with «pt\_first\_name» «pt\_last\_name»'s treatment of <insert diagnosis> with [Product]. «Name of Health Insurance Company» has indicated that [Product] is not covered because <insert denial reason>. This letter provides information about the patient's medical history, diagnosis and medical necessity of the treatment provided.

We are requesting that you approve payment for [Product] for «pt\_first\_name» «pt\_last\_name». Should you require additional information please contact me.

**Patient History and Diagnosis**

«pt\_first\_name» «pt\_last\_name» is a <insert age>-year-old <male/female> with a diagnosis of <insert diagnosis>. <He/She> has been treated previously with <insert prior treatment> and [outcomes]. We prescribed [Product] to «pt\_first\_name» «pt\_last\_name» on <dates of service> and are requesting an appeal of «Name of Health Insurance Company»'s coverage decision.

The attached medical records document [PATIENT NAME]'s clinical condition and medical necessity for treatments with [Product]. Based on the above facts, I am confident that you will agree that [Product] is indicated and medically necessary for this patient. Please refer to the enclosed Prescribing Information for [Product]. If you have any further questions regarding this matter, please do not hesitate to call me at [PHYSICIAN TELEPHONE NUMBER]. Thank you for your prompt attention to this matter.

Sincerely,

«md\_first\_name» «md\_last\_name», «md\_title»

Enclosures:

FDA approval letter

Prescribing Information (PI)

Copies of medical records  
cc: [Medical Director, patient, specialty society, Insurance Commissioner]