



Sample appeal letter for health claim

Sample appeal letter for health claim

Use this letter as a guideline when appealing a health insurance claim denial. In order for the letter to be effective, you should personalize it by putting it into your own words.

Rewrite the letter, inserting your personal information in the areas indicated **in red**. You can print out this PDF and make your changes by hand or copy the body of the letter and paste it into a document where you can make your changes on your PC.

Form letter for denial of specific medical procedure

Date

Name

Insurance Company name

Address

City, State and ZIP Code

Re: Patient's name

Type of coverage

Group number/Policy number

Dear Name of contact person at insurance company,

Please accept this letter as patient's name appeal to insurance company name decision to deny coverage for state the name of the specific procedure denied. It is my understanding based on your letter of denial dated insert date that this procedure has been denied because: Quote the specific reason for the denial stated in denial letter.

As you know, patient's name was diagnosed with disease on date. Currently Dr. name believes that patient's name will significantly benefit from state procedure name. Please see the enclosed letter from Dr. name that discusses patient's name medical history in more detail.

Patient's name believes that you did not have all the necessary information at the time of your initial review. Patient's name has also included with this letter, a letter from Dr. name from name of treating facility. Dr. name is a specialist in name of specialty. His/Her letter discusses the procedure in more detail. Also included are medical records and several journal articles explaining the procedure and the results.

Based on this information, patient's name is asking that you reconsider your previous decision and allow coverage for the procedure Dr. name outlines in his letter. The treatment is scheduled to begin on date. Should you require additional information, please do not

hesitate to contact **patient's name** at **phone number**. **Patient's name** will look forward to hearing from you in the near future.

Sincerely,
Your name

Reproduced with permission from the Patient Advocate Foundation.

Bankrate.com ®, Copyright © 2007