Appeal Letter To Insurance Company

Dear [Insurance Company],

I am writing to appeal the denial of my recent claim for [specific treatment/procedure/diagnosis]. I am [policy holder name], and my policy number is [policy number].

I understand that the claim was denied on the grounds that the treatment was not deemed medically necessary. However, I would like to bring to your attention that my healthcare provider recommended this treatment as the best course of action to address my condition.

Furthermore, I have provided all the necessary medical documentation and records to support my claim, and my healthcare provider has also provided additional information on why this treatment is necessary.

I am facing significant financial strain due to the denial of this claim and am unable to afford the out-of-pocket costs for this treatment. This treatment is crucial to my health and well-being, and without it, my condition will continue to deteriorate.

I am requesting a reconsideration of my claim and a review of the supporting documentation provided by my healthcare provider. I believe that this will demonstrate the medical necessity of the treatment and justify the coverage under my policy.

Thank you for your attention to this matter.

Sincerely,

[Your Name]