Formal Medical Claim Appeal Letter

Subject: Appeal for Claim Denial - Policy Number: [Policy Number] - Claim Number: [Claim Number]

Dear Claims Review Department,

I am writing to formally appeal your recent denial of my medical claim dated [Date]. After carefully reviewing your denial letter dated [Date], I believe this decision was made in error and respectfully request a comprehensive review of my case.

The denied claim pertains to [specific medical procedure/treatment] performed by Dr. [Doctor's Name] on [Date of Service]. Your denial was based on [reason given], however, I have substantial evidence that contradicts this determination.

Enclosed please find the following supporting documentation: complete medical records from my treating physician, pre-authorization documents, second medical opinion from [Doctor's Name], and relevant medical literature supporting the necessity of this treatment for my condition.

My medical condition required immediate intervention as documented by my physician. The treatment was not elective but medically necessary to prevent further complications. I have been a loyal policyholder for [number] years and have consistently paid my premiums on time.

I respectfully request that you reverse your denial decision and approve payment for this legitimate claim. Please provide a detailed written response within 30 days as required by state regulations.

Thank you for your immediate attention to this matter.

Sincerely,

[Your Name]

[Your Address]

[Your Phone Number]

[Your Email]