

Professional DME Coverage Appeal Email

Subject: Appeal Request - DME Coverage Denial for [Equipment Name]

Dear Durable Medical Equipment Review Board,

I am formally appealing your denial of coverage for [specific medical equipment] that was prescribed by my physician on [date]. This equipment is medically necessary for my daily functioning and independence.

Your denial letter cited [reason for denial], however, this reasoning is not supported by my medical documentation. The prescribed equipment meets all criteria outlined in your policy manual, and I have provided comprehensive documentation from my treating physician.

The equipment is essential for my mobility and safety at home. Without it, I am at significant risk of falls and further injury, which would likely result in emergency room visits and hospitalization - costs far exceeding the price of the requested equipment.

I have researched your policy guidelines thoroughly and believe this denial was issued in error. I am requesting a peer-to-peer review between your medical director and my treating physician to resolve this matter quickly.

Please expedite this appeal as my current condition requires immediate access to this equipment. I expect a response within the timeframe specified in my policy.

Thank you for your prompt attention.

Best regards,

[Your Name]

[Policy Number]

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