

Appeal for out-of-network coverage

Subject: Appeal for Out-of-Network Service Coverage

Dear [Insurance Company] Appeals Department,

I am appealing the denial of coverage for medical services received from [Provider Name], an out-of-network specialist. My primary physician referred me to this provider because no in-network specialists were available with the required expertise.

Attached are referral notes, a summary of provider availability in-network, and medical records demonstrating the need for specialized care. The denial states that an in-network provider should have been used, but this was not a viable option for my case.

I respectfully request reconsideration and coverage of these necessary out-of-network services.

Sincerely,

[Your Full Name]

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