

Appeal for denied surgery

Subject: Appeal for Denied Surgery Claim

Dear Claims Review Team,

I am appealing the denial of my insurance claim for [Type of Surgery], which was denied on [Date]. This procedure was medically necessary as determined by my surgeon, Dr. [Name], and delaying surgery places me at significant medical risk.

Enclosed you will find medical reports, diagnostic tests, and the surgeon's letter explaining the urgency of this procedure. The denial cited [reason], but the provided evidence clearly shows that this surgery is essential for my recovery and ongoing health.

I respectfully request a full reconsideration and prompt approval of this claim.

Sincerely,

[Your Name]

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