

Insurance Appeal Letter

Dear [Insurance Company],

I am writing to appeal your decision to deny coverage for [specific medical procedure/treatment/drug]. I believe that this treatment is medically necessary for my condition and that it meets the criteria outlined in my insurance policy.

I have included all relevant medical records and documentation from my treating physician to support my claim. [Include any relevant medical records, test results, or doctor's notes.]

As you can see, my condition requires immediate attention and this treatment is the best course of action to improve my health and quality of life. I have exhausted all other available treatment options and this procedure is my last hope.

I understand that insurance policies are designed to minimize costs, but denying coverage for this medically necessary procedure will ultimately lead to higher costs in the long run due to the need for continued treatment and hospitalization.

I respectfully request that you reconsider your decision and provide coverage for this procedure. I appreciate your time and attention to this matter.

Sincerely,

[Your Name]