

Appeal for denied medical procedure coverage

Subject: Appeal for Coverage of Medical Procedure

Dear [Insurance Company Name],

I am appealing the denial of coverage for the medical procedure [Procedure Name] performed on [Date], claim number [Claim Number]. The denial reason provided was [Reason], however, attached are medical reports and a physician's recommendation supporting medical necessity.

I request a review and reconsideration for approval of this claim under my policy.

Thank you for your prompt attention.

Sincerely,

[Your Name]

[Policy Number]

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