

# Medical Appeal Letter

Dear [Insurance Company],

I am writing this appeal letter to request that you reconsider your decision to deny coverage for my recent medical treatment. I understand that the decision was based on a lack of medical necessity, but I respectfully disagree with this assessment.

The treatment in question was recommended by my primary care physician, who believed that it was necessary to address a specific medical condition that I am experiencing. Additionally, the treatment has been recommended by other medical professionals who have reviewed my case.

I believe that denying coverage for this treatment would have a significant negative impact on my health and wellbeing. Without the treatment, my condition may worsen and potentially lead to more severe health problems in the future. It is imperative that I receive the treatment in order to manage my condition and improve my quality of life.

I understand that insurance companies have policies in place to control costs, but denying coverage for necessary medical treatment should not be a part of those policies. As a policyholder, I rely on my insurance to cover medical expenses when I need it the most. I hope that you can reconsider your decision and provide the coverage that I need to maintain my health.

Thank you for taking the time to review my appeal letter. I appreciate your attention to this matter and look forward to a positive outcome.

Sincerely,

[Your Name]