Insurance Coverage Denial Appeal

Subject: Formal Appeal for Claim Denial - Policy #[Policy Number]

Dear Appeals Review Committee,

I am writing to formally appeal your denial of coverage for [specific treatment/procedure/medication] as outlined in your letter dated [date]. After careful review of your decision, I believe this denial was made in error and request immediate reconsideration.

My physician, Dr. [Name], has determined that [treatment/procedure] is medically necessary for my condition, [diagnosis]. The denial letter cited [reason for denial], however, this reasoning fails to account for [specific medical circumstances]. Enclosed you will find supporting documentation including medical records, physician notes, and relevant test results that clearly demonstrate the necessity of this treatment.

According to my policy terms and your own medical guidelines, this treatment should be covered under [specific policy provision]. I have been a policyholder in good standing for [duration] and have always met my premium obligations.

I request that you reverse this denial decision within 30 days and authorize the recommended treatment. Please provide written confirmation of your reconsideration and the steps being taken to process my appeal.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

[Policy Number]

[Contact Information]