

Pre-Authorization Denial - Urgent Tone

Subject: URGENT: Appeal of Pre-Authorization Denial - Time-Sensitive Treatment

Dear [Insurance Representative Name],

I received notification on [Date] that my pre-authorization request for [Treatment/Procedure] has been denied. This is a time-sensitive matter as my physician has indicated that delaying this treatment could result in [Specific Health Consequences].

The denial states [Reason], but this contradicts the medical evidence provided by my treating physician, who has over [Number] years of experience treating [Condition]. The proposed treatment is not experimental but rather a recognized standard of care for my diagnosis of [Condition Name].

I am requesting an expedited appeal given the urgent nature of my medical situation. My doctor is available to speak with your medical review team at [Phone Number] to discuss the medical necessity of this treatment.

Time is critical. I need a response within [Timeframe] to proceed with scheduling. Please treat this as a priority case.

Thank you for your immediate attention to this matter.

Urgently,

[Your Name]

[Policy Number]

[Date]

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