Out-of-Network Provider Denial - Circumstantial Appeal

Subject: Appeal for Out-of-Network Services - Emergency/Specialized Care

Dear Claims Review Department,

I am writing to appeal the denial of my claim for services provided by Dr. [Name], an out-of-network provider, on [Date]. The claim was denied because the provider is not in your network.

However, the circumstances of my case warrant an exception to standard network restrictions:

[Choose applicable reason: Emergency situation where no in-network providers were available / No in-network specialists with expertise in my rare condition / In-network provider referred me to this specialist due to complexity of case / Nearest in-network provider is [X] miles away and inaccessible due to my medical condition]

I made reasonable efforts to obtain in-network care, including [Describe efforts]. The out-of-network provider was the only viable option given [Circumstances].

According to my policy provisions regarding [Emergency Care/Continuity of Care/Rare Conditions], coverage should be extended to out-of-network providers under these circumstances. I am requesting that this claim be processed at in-network benefit levels.

Supporting documentation is enclosed, including medical records justifying the necessity of this specific provider.

Thank you for your fair consideration of this appeal.

Sincerely,

[Your Name]

[Policy Information]