Not Medically Necessary Denial - Patient Perspective

Subject: Appeal of "Not Medically Necessary" Determination

Dear [Insurance Company],

I was devastated to receive your denial letter stating that my prescribed treatment for [Condition] is "not medically necessary." As someone living with this condition daily, I can assure you that this treatment is absolutely necessary for my quality of life and health.

My physician, who has treated me for [Time Period] and is intimately familiar with my medical history, has determined that this treatment is essential. The denial appears to be based on generic criteria that don't account for my specific circumstances:

[Describe personal impact: chronic pain, inability to work, daily limitations, previous treatment failures, progressive worsening of condition]

This is not an elective or cosmetic procedure. Without this treatment, I face [Specific consequences: hospitalization, disability, severe pain, inability to function].

I trust my doctor's professional judgment over administrative criteria applied by reviewers who have never examined me. My physician's letter of medical necessity provides detailed clinical justification that I hope you will review carefully and respectfully.

I am requesting a peer-to-peer review and reconsideration of this denial. My health and wellbeing depend on it.

Sincerely,

[Your Name]