

**Sample Letter of Appeal
Physician's Letterhead**

[Insurance Company]
[Address]
[City, State, Zip]

Re: [Patient Name]
[Policy #]
[DOB]
[Address]
[City, State, Zip]

To Whom It May Concern:

I am writing to appeal the denial of benefits for the use of **[Product name (generic name)]** for services requested for **[Patient Name, ID#, Group #]**. Included in this letter of appeal are information on the treatment rationale, medical records, medical necessity data and medical studies confirming **[Product name (generic name)]** as an effective treatment for the diagnosis of **[Diagnosis And ICD9 Code]**

Treatment Rationale

[Provide information on patient response to past treatments and anticipated prognosis and rationale for now prescribing Product name (generic name)]

Outline of Medical Studies

[Outline a brief overview of the studies indicating how Product name (generic name) is effective in treatment]

Medical Record Information

[Highlight key dates and entries of the medical record how supporting Product name (generic name) use]

Per the included medical information, it is my professional opinion that **[Product name (generic name)]** is medically necessary in treating the patient and the denials for the patient's use of the drug should be reversed. Please call my office at **[Office Phone Number]** if I can provide further information or speak with a review board to appeal the denial of coverage decision. I look forward to reaching resolution of overturning the denied status of **[Product name (generic name)]** for this patient.

Sincerely,

[Physician name]

[Phone number]

Enclosure: [Original denial notification copy]