Appeal Letter Template

Here’s a template to help your doctor compose a letter of appeal to your insurance company.

[Doctor’s Letterhead]

[Date]

[Insurance Company Contact Name]

[Contact Title]

[Insurance Company Name]

[Address]

[City, State ZIP]

Re: Appeal for Denial of [Drug Name]

Patient: [Patient’s Name]

Date of Birth: [Patient’s Date of Birth]

Subscriber ID Name: [Policy number]

Subscriber Group Name: [Group number]

Case ID Number: [Claim/Case ID Number]

Dates of Service: [Dates]

Dear [Name of Contact],

I am writing to request that you reconsider your denial of coverage for [drug name], which I have prescribed for my patient, [patient full first and last name].

It is my understanding based on [insurance company’s name] letter dated [date] that this therapy has been denied because [quote the specific reason for the denial stated in denial letter]. I am a specialist in [name of specialty/board certification and any other pertinent qualifications]. I believe that [patient’s name] will significantly benefit from [drug name]. [His/her] medical history, diagnosis, and treatment plan are detailed below, all of which will confirm the medical necessity and appropriate use of [drug name].

[Patient Name], [age], was diagnosed with [condition] on [date]. [He/She] has been in my care since [date], having been referred to me by [referring physician or facility] for [reason]. [Include brief summary of rationale for prescribing the drug, including a brief description of the patient’s diagnosis, including the ICD-10-CM code; the severity of the patient’s condition; prior treatments, the duration of each, responses to those treatments, and the rationale for discontinuation; as well as other factors, such as underlying health issues or age that have affected your treatment decision.]

The FDA approved [drug name] for the treatment of [Indication]. [Include plan of treatment, such as dosage, length of treatment, and clinical practice guidelines that support use of the drug.]

Based on the information I’ve provided, I’m asking that you reconsider your previous decision and approve coverage for [drug name]. I believe [drug name] is appropriate and medically necessary for [patient name’s] treatment.

If you have any further questions about this matter, please contact me at [physician phone number] or via email at [physician email]. Thank you for your time and consideration.

Sincerely,

[Physician signature]

[Physician Name and Credentials]

Enclosures

[List enclosures, which may include the Letter of Medical Necessity, prescribing information, clinical notes/medical records, diagnostic test results, relevant peer-reviewed articles, clinical practice guidelines, FDA approval letter, scans showing progressive disease, and/or pathology reports.]