[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Address]

[City, State, Zip Code]

Subject: Appeal for Denied Medical Claim

Dear Sir/Madam,

I hope this letter finds you well. I am writing to formally appeal the denial of coverage for the medical expenses related to [Patient's Full Name], policyholder under [Policy Number], for the treatment received on [Date of Treatment]. I kindly request you to reconsider this decision based on the following facts and circumstances.

Firstly, I would like to bring to your attention that [Patient's Full Name] has been a loyal policyholder with your esteemed company for the past [Number of Years]. Throughout this period, we have always had a satisfactory experience with the prompt and efficient services provided by your organization.

On [Date of Treatment], [Patient's Full Name] visited [Medical Facility Name] for a necessary medical procedure prescribed by their primary care physician, Dr. [Physician's Full Name]. The procedure was performed by Dr. [Surgeon's Full Name], a highly skilled and reputable surgeon at the facility.

Upon submission of the claim, we were disappointed to receive a denial letter stating that the treatment was not covered under our policy. However, after carefully reviewing our policy documents, we firmly believe that this denial is in error. The specific policy provision clearly states that [Quote the relevant policy provision that covers the treatment].

Furthermore, and more importantly, the medical procedure performed on [Patient's Full Name] was not elective but rather deemed medically necessary by their primary care physician, Dr. [Physician's Full Name]. This procedure was undertaken to address a critical health concern that significantly impacted [Patient's Full Name]'s overall well-being and quality of life.

Additionally, I have enclosed all the necessary supporting documents for your reference, including the medical records, doctor's notes, and any other relevant paperwork. These documents clearly demonstrate the medical necessity of the treatment and provide a comprehensive overview of the patient's condition, including the diagnosis, prognosis, and recommended course of action.

Given the circumstances, I kindly request you to review this appeal with utmost consideration and reconsider your decision to deny coverage for the medical expenses incurred. It is our sincere belief that the denial was a result of a misunderstanding or misinterpretation of the policy provisions and the medical necessity of the treatment.

I trust in your commitment to providing quality healthcare coverage to your policyholders and your dedication to ensuring that their medical needs are appropriately addressed. Therefore, I kindly ask for your prompt and favorable resolution of this matter.

Thank you for your attention to this appeal. I am confident that, upon reviewing the enclosed documents and considering the facts presented, you will reach a fair and just resolution in this case. I eagerly await your response.

Should you require any additional information or have any further questions regarding this appeal, please do not hesitate to contact me at the provided phone number or email address. I am available at your convenience to discuss this matter further.

Yours sincerely,

[Your Name]