[Your Name]
[Your Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

[Insurance Company Name]
[Appeals Department Address]
[City, State, Zip Code]

RE: Formal Appeal for Denial of Continuous Glucose Monitor (CGM) Coverage

Patient Name: [Patient Name]
Member ID Number: [Member ID]
Group Number: [Group Number]
Claim/Reference Number: [Denial Reference Number]

To Whom It May Concern,

I am writing to formally appeal the denial of coverage for a Continuous Glucose Monitor (CGM), specifically the [Brand/Model Name]. This request was denied on [Date of Denial Letter] based on the assertion that [Reason for Denial, e.g., the device is not medically necessary/experimental].

I have been diagnosed with [Type 1/Type 2] Diabetes since [Year]. My current treatment involves [Multiple Daily Injections/Insulin Pump therapy]. Despite following my prescribed regimen, I continue to experience the following medical complications that necessitate the use of a CGM:

- [Example: Frequent episodes of severe hypoglycemia/low blood sugar]
- [Example: Hypoglycemia unawareness (inability to feel low blood sugar symptoms)]
- [Example: Significant glycemic variability (large swings between high and low)]
- [Example: Nocturnal hypoglycemia]

The use of a CGM is critical for my safety and long-term health. This device provides real-time glucose data and predictive alerts that allow me to intervene before life-threatening emergencies occur. Clinical evidence and the standards of care established by the American Diabetes Association (ADA) support CGM use as a primary tool for patients with my clinical profile.

Attached to this letter, you will find:

- A letter of medical necessity from my endocrinologist, [Doctor's Name].
- Recent glucose logs and medical records demonstrating the need for continuous monitoring.

- [Optional: Peer-reviewed clinical studies supporting CGM efficacy].

I request that you reconsider your decision and approve coverage for this essential medical equipment. I look forward to your response within the time frame required by law. If you have any questions, please contact me or my physician at [Doctor's Phone Number].

Sincerely,

[Your Signature]
[Your Printed Name]