

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

[Date]

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

RE: Appeal of Coverage Denial for Psychiatric Residential Treatment

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Member ID: [ID Number]

Reference Number/Claim Number: [Reference Number]

To Whom It May Concern,

I am writing to formally appeal the denial of coverage for psychiatric residential treatment for [Patient Name] at [Facility Name]. This appeal is based on the medical necessity of this level of care as determined by [Patient's Name]'s treating physicians and mental health professionals.

The denial stated that the treatment was not medically necessary. However, [Patient Name] presents with the following clinical symptoms and history that require 24-hour supervision and intensive therapeutic intervention:

- **Diagnosis:** [List Primary and Secondary Diagnoses]
- **Symptoms:** [List specific symptoms such as self-harm, suicidal ideation, aggression, or inability to function]
- **Previous Treatments:** [List outpatient therapy, partial hospitalization, or intensive outpatient programs that were unsuccessful]
- **Current Risk:** [Explain why the patient is a danger to themselves or others in a less restrictive environment]

Residential treatment is required because [Patient Name] has failed to stabilize at lower levels of care. The structured environment and around-the-clock clinical monitoring provided by a residential program are essential for [Patient Name]'s safety and long-term recovery.

Attached you will find supporting documentation, including a Letter of Medical Necessity from [Doctor/Therapist Name], clinical notes, and treatment history. These documents confirm that [Patient Name] meets the criteria for residential placement.

I request that you reconsider this denial and authorize the necessary treatment immediately.
Please provide a written response regarding your decision within [Number] days.

Sincerely,

[Your Signature]

[Your Printed Name]

Enclosures: [List attached documents]