

Date: [Date]
To: [Insurance Company Name]
Attention: Utilization Management / Appeals Department
Re: Request for Out-of-Network Referral (Gap Exception)

Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Member ID: [Insurance ID Number]
Group Number: [Group Number]
Diagnosis: [Diagnosis Name] ([ICD-10 Code])

Dear Medical Director,

I am writing to formally request a referral for [Patient Name] to see [Specialist Name] at [Facility Name], an out-of-network provider specializing in [Specific Rare Disease]. This request is based on medical necessity and the lack of a qualified in-network specialist capable of managing this rare condition.

Clinical Background:

The patient has been diagnosed with [Diagnosis]. This is a rare and complex condition characterized by [Briefly list 2-3 severe symptoms or complications]. Due to the rarity of this disease, specialized expertise is required to prevent [List potential risks, e.g., permanent organ damage, disease progression, or mortality].

Necessity for Out-of-Network Referral:

[Specialist Name] is a leading expert in [Disease] and offers [Specific Treatment/Clinical Trial/Diagnostic Tool] that is not available within the current provider network. I have reviewed the available in-network providers and determined that none possess the necessary sub-specialization or clinical experience required to safely manage this specific rare condition.

Request:

I am requesting that you approve this out-of-network consultation and subsequent treatment at the in-network benefit level (a "Gap Exception"). Delays in specialized care will likely lead to adverse health outcomes and increased long-term medical costs.

Attached are relevant medical records and peer-reviewed literature supporting the necessity of this specialized care. Please contact my office at [Phone Number] if you require further information.

Sincerely,

[Physician Name, MD/DO]
[Practice Name]
[NPI Number]
[Phone Number]