

[Date]

[Insurance Company Name]  
[Attn: Appeals/Grievance Department]  
[Insurance Company Address]  
[City, State, Zip Code]

**RE: Letter of Medical Necessity for Out-of-Network Second Opinion**

**Patient Name:** [Patient Name]

**Policy Number:** [Policy Number]

**Group Number:** [Group Number]

**Date of Birth:** [DOB]

To Whom It May Concern,

I am writing to formally request an out-of-network referral and coverage for a second opinion for [Patient Name] with [Consultant Name/Facility Name] located in [City, State].

**Clinical History:**

The patient has been diagnosed with [Diagnosis/Condition] (ICD-10 Code: [Code]). To date, the patient has undergone the following treatments/procedures: [List major treatments]. Despite these interventions, the patient continues to experience [Symptoms/Clinical Challenges].

**Reason for Out-of-Network Referral:**

A second opinion from [Consultant Name] is medically necessary because [Reason: e.g., the rarity of the condition, lack of local specialists with specific expertise, or conflicting previous diagnoses]. Currently, there are no providers within the [Insurance Plan Name] network who possess the necessary sub-specialty expertise in [Specific Medical Field] required to manage this complex case.

**Proposed Consultant Expertise:**

[Consultant Name] is a recognized expert in [Specialty] and has extensive experience in [Specific Procedure/Treatment]. This consultation is vital to confirm the diagnosis and determine the most appropriate and cost-effective long-term treatment plan.

I request that you authorize this consultation at the in-network benefit level due to the clinical necessity and lack of available network providers. Please find attached supporting medical records and the consultant's curriculum vitae.

Thank you for your prompt attention to this matter. I look forward to your response within [Number] business days.

Sincerely,

[Physician Signature]  
[Physician Printed Name]

[Medical License Number / NPI]

[Practice Name]

[Phone Number]