

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

[Date]

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

**RE: Expedited Second-Level Appeal for Prior Authorization Denial**

**Patient Name:** [Patient Name]  
**Member ID Number:** [Member ID]  
**Group Number:** [Group Number]  
**Claim/Reference Number:** [Reference Number from Denial Letter]  
**Date of Denial:** [Date on Denial Letter]

To the Appeals Committee,

I am writing to formally request an **Expedited Second-Level Appeal** regarding the denial of coverage for the following surgical procedure: [Name of Surgery]. This procedure has been recommended by my physician, [Physician Name], to treat [Diagnosis/Condition].

I am requesting an **expedited review** because a delay in this surgery poses a serious threat to my health. According to my healthcare provider, waiting for a standard appeal timeframe could result in [mention specific risks, e.g., permanent loss of function, severe pain, or life-threatening complications].

This appeal is based on the following grounds:

- **Medical Necessity:** [Briefly describe why the surgery is necessary based on failed previous treatments or clinical guidelines].
- **Physician Recommendation:** My surgeon has determined that this is the only viable treatment option to prevent further clinical deterioration.
- **Previous Denial Response:** [Address the specific reason for the first denial and explain why it was incorrect].

Attached to this letter, please find:

- A letter of medical necessity from my surgeon.
- Relevant diagnostic reports (MRI, X-ray, Lab results).
- Clinical notes detailing failed conservative treatments.

I request that a board-certified specialist in [Specialty, e.g., Orthopedics, Cardiology] who was not involved in the initial denial review this case. Please provide a written decision within the expedited timeframe required by law and my policy.

Thank you for your immediate attention to this urgent matter.

Sincerely,

[Your Signature]

[Your Printed Name]