

[Patient Name]  
[Patient Date of Birth]  
[Insurance Member ID Number]  
[Case Reference/Authorization Number]

[Date]

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

**RE: URGENT SECOND-LEVEL APPEAL for Denied Oncology Treatment**

Dear Appeals Committee,

This is a formal second-level urgent appeal regarding the denial of coverage for [Name of Medication/Procedure]. This treatment was prescribed by [Physician Name] at [Facility Name] for the treatment of [Specific Type and Stage of Cancer].

We are requesting an **expedited external review**. As this involves oncology care, any delay in treatment poses a significant risk to the patient's life and overall prognosis. The previous denial, dated [Date of First Denial], cited [Reason for Denial], which we believe is clinically incorrect for the following reasons:

- **Clinical Necessity:** [Provide brief explanation of why this specific treatment is required based on patient history].
- **Standard of Care:** This treatment is consistent with NCCN (National Comprehensive Cancer Network) guidelines for [Cancer Type].
- **Failure of Alternatives:** The patient has already tried and failed [List previous treatments] or other alternatives are contraindicated because [Reason].

Attached you will find updated clinical notes, peer-reviewed journal articles supporting this protocol, and a letter of medical necessity from the treating oncologist.

Due to the aggressive nature of this malignancy, we request a determination within [Number of Hours, e.g., 24-72] hours. Please contact [Doctor's Name/Office Name] at [Phone Number] immediately with your decision.

Sincerely,

[Physician Signature]  
[Physician Name and Title]

[Patient/Representative Signature]  
[Patient/Representative Name]