

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

[Date]

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

**RE: Second-Level Formal Appeal for Denial of Physical Therapy Services**

**Patient Name:** [Patient Full Name]  
**Member ID:** [Insurance ID Number]  
**Group Number:** [Group Number]  
**Claim/Reference Number:** [Reference Number from Denial Letter]  
**Date of First-Level Denial:** [Date]

To the Appeals Committee,

I am writing to formally request a second-level appeal regarding the denial of coverage for continued physical therapy services. This request follows the initial denial and the subsequent first-level appeal decision dated [Date of First Denial].

I am appealing this decision because the requested treatment is medically necessary for the following reasons:

- **Clinical Justification:** [Describe your diagnosis and how physical therapy is essential for your recovery or maintenance of function].
- **Functional Improvement:** [Mention specific improvements made during previous sessions and the risk of regression without continued care].
- **Physician Recommendation:** My treating physician, [Doctor's Name], has determined that this treatment is the most appropriate course of action for my condition.

Attached to this letter, please find additional documentation to support this appeal, including [List attachments such as: updated clinical notes, a formal Letter of Medical Necessity from your physical therapist, and relevant imaging results].

I request that an independent medical professional with expertise in [Type of Injury/Condition] review this case. Please provide a written response within the timeframe mandated by my policy or state law.

Thank you for your time and reconsideration of this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

**Enclosures:**

1. Letter of Medical Necessity from [Doctor/Therapist Name]
2. Physical Therapy Progress Reports
3. Copy of previous denial letters