

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

[Date]

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

RE: Second-Level Internal Appeal for Denial of Inpatient Admission

Patient Name: [Patient Full Name]
Member ID Number: [Member ID]
Group Number: [Group Number]
Claim/Reference Number: [Reference Number from Denial Letter]
Date of Service: [Requested Date of Admission]

To the Appeals Committee,

I am writing to formally request a second-level internal appeal regarding the denial of coverage for an inpatient hospital admission at [Facility Name]. This request follows the initial denial and the subsequent first-level appeal decision dated [Date of First Appeal Denial].

The denial letter stated that the request was denied because [State the reason provided by the insurance company, e.g., "it did not meet medical necessity criteria"]. We strongly disagree with this assessment.

Based on the clinical evaluation by [Physician's Name], an inpatient level of care is medically necessary for the following reasons:

- [Insert specific medical reason 1: e.g., Severity of symptoms]
- [Insert specific medical reason 2: e.g., Failure of outpatient treatment]
- [Insert specific medical reason 3: e.g., Risk of immediate complications]

Attached to this letter, please find additional clinical documentation that was not previously considered, including [List attachments, e.g., updated lab results, imaging reports, or a letter of medical necessity from the treating physician]. These records demonstrate that the patient's condition requires 24-hour nursing care and physician monitoring that cannot be safely provided in an observation or outpatient setting.

We request that a board-certified physician in the specialty of [Specific Specialty] review this case. Please provide a written response regarding your decision within the timeframe mandated by my policy and state law.

Thank you for your immediate attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

Enclosures:

[List of supporting documents]