

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

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

RE: Second-Level Formal Appeal for Denial of Routine Screening

Patient Name: [Patient Name]
Member ID: [ID Number]
Group Number: [Group Number]
Claim/Reference Number: [Reference Number]
Date of Service/Request: [Date]

To the Appeals Committee,

I am writing to formally submit a second-level appeal regarding the denial of coverage for [Name of Procedure/Screening]. This request was previously denied on [Date of First Denial] and upheld during the first-level appeal on [Date of Second Denial]. I am requesting an immediate reversal of this decision based on medical necessity and preventive care guidelines.

The requested screening is essential for my health maintenance for the following reasons:

- [Reason 1: e.g., Patient's personal medical history or risk factors]
- [Reason 2: e.g., Family history of related conditions]
- [Reason 3: e.g., Adherence to USPSTF or professional medical society guidelines]

This screening is categorized as a routine preventive service under the Affordable Care Act (ACA) and should be covered at 100% without cost-sharing. The denial of this service contradicts standard clinical practice for early detection and prevention.

Enclosed are additional supporting documents, including a letter of medical necessity from my physician, [Doctor's Name], and relevant medical records. I urge you to review this case with a board-certified specialist in [Relevant Medical Field] who was not involved in the previous two denials.

I look forward to a timely response within [Number of Days, e.g., 30] days as required by law. Thank you for your reconsideration.

Sincerely,

[Signature]

[Your Printed Name]

Enclosures:

Letter of Medical Necessity from Dr. [Doctor's Name]

Medical Records and Test Results

Clinical Practice Guidelines