URGENT: EXPEDITED EXTERNAL INDEPENDENT REVIEW REQUEST

[Date]
[Name of State Insurance Regulatory Agency/Department of Insurance]
[External Review Division Address]
[City, State, Zip Code]

RE: Patient Name: [Patient Name]
Policyholder Name: [Policyholder Name (if different)]
Insurance Member ID: [Member ID Number]
Claim/Reference Number: [Reference Number from Denial Letter]
Health Plan: [Name of Insurance Company]

To the External Review Coordinator,

I am writing to formally request an **Expedited External Independent Review** regarding the denial of coverage for the following cardiology service: [Name of Procedure/Test/Medication]. This request follows the final internal adverse benefit determination issued by [Insurance Company Name] on [Date of Final Denial].

Reason for Urgency:
My treating cardiologist, [Physician Name], has determined that the standard timeframe for a regular review would seriously jeopardize my life, health, or ability to regain maximum function. Due to the nature of my cardiac condition ([Specific Diagnosis]), any delay in treatment poses an immediate risk of [mention specific risks, e.g., heart attack, stroke, or permanent heart damage].

Basis for Appeal:
The insurance company denied this authorization based on [mention reason from denial letter, e.g., lack of medical necessity]. However, this service is medically necessary because:

- [Reason 1: e.g., Previous treatments/medications have failed]
- [Reason 2: e.g., This is the gold standard for my specific clinical presentation]
- [Reason 3: e.g., Peer-reviewed clinical guidelines support this intervention]

Enclosed please find the following supporting documentation:

- A signed Letter of Medical Necessity from my cardiologist.
- A physician's certification of the need for an expedited/urgent review.
- Copies of relevant clinical notes, diagnostic tests (EKG/Stress Test/Echo), and the formal denial letters.

I authorize the release of all medical records to the independent review organization. Please contact me immediately at [Your Phone Number] or [Your Email Address] if any further information is required to process this urgent request.

Sincerely,

[Your Signature]
[Your Printed Name]

Cc: [Treating Physician Name]