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

[Date]

[Name of External Review Organization or Department of Insurance]
[Address]
[City, State, Zip Code]

RE: Follow-Up on Pending External Independent Review

Patient Name: [Patient Name]
Case/Reference Number: [Reference Number]
Health Plan: [Name of Insurance Company]

To Whom It May Concern,

I am writing to formally request a status update regarding the external independent review request filed on [Date of Original Request].

The review concerns the denial of coverage for [Name of Procedure, Treatment, or Medication]. To date, I have not received a notification regarding the progress of this review or a final determination.

Please provide the following information:

- The current status of the review.
- Any additional documentation required from my side.
- The estimated date for a final decision.

As this medical matter is time-sensitive, I look forward to your prompt response. Thank you for your attention to this case.

Sincerely,

[Your Signature]

[Your Printed Name]