[Date]

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

RE: Appeal of Denial for Prior Authorization
Patient Name: [Patient Name]
Date of Birth: [DOB]
Member ID: [Member ID Number]
Reference/Case Number: [Reference Number]
Requested Procedure: [Name of Injection, e.g., Epidural Steroid Injection]

To Whom It May Concern,

I am writing to formally appeal the denial of the prior authorization request for the above-mentioned procedure. This request was denied on [Date of Denial] citing [Reason for Denial from Letter].

I have been diagnosed with [Specific Diagnosis/ICD-10 Code] and have been under the care of [Doctor's Name] for [Duration of Time]. The requested [Procedure Name] is medically necessary to manage my chronic pain and improve my physical function.

As documented in my medical records, I have already attempted the following conservative treatments without sufficient relief:

- [Treatment 1: e.g., Physical Therapy from Date to Date]
- [Treatment 2: e.g., Oral Medications like NSAIDs or Gabapentin]
- [Treatment 3: e.g., Home Exercise Programs or Chiropractic Care]

Despite these efforts, my pain remains at a level of [Pain Scale 1-10] and significantly impacts my activities of daily living, including [mention specific limitations, e.g., walking, sleeping, or working].

Attached you will find [List of attachments: e.g., MRI/Imaging reports, Clinic Notes, Letter of Medical Necessity from Physician]. These documents support the clinical need for this injection according to standard medical guidelines.

I request that you reconsider this denial and approve the requested treatment immediately. I look forward to your written response within the timeframe required by my policy.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Phone Number]