

[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 Formal Appeal for Denial of [Procedure/Service Name]

Patient Name: [Patient Name]

Member ID: [Member ID Number]

Group Number: [Group Number]

Claim/Reference Number: [Reference Number from Denial Letter]

Date of Service: [Date]

To the Appeals Review Committee,

I am writing to formally request a second-level appeal regarding the denial of coverage for [Procedure/Service/Medication]. This request was previously denied based on the assertion that the service is not "medically necessary." I strongly disagree with this determination and request a review by a board-certified specialist in [Medical Specialty].

The first-level appeal was denied on [Date of First Appeal Denial]. However, my treating physician, [Physician Name], has determined that this treatment is essential for my health and well-being due to the following reasons:

- [Reason 1: Describe your diagnosis and how it affects your daily life]
- [Reason 2: List previous treatments/medications that have failed]
- [Reason 3: Explain why this specific treatment is the standard of care for your condition]

Attached to this letter, please find additional supporting documentation, including:

- A formal letter of medical necessity from my physician.
- Relevant medical records and diagnostic test results.
- Clinical peer-reviewed journal articles supporting the efficacy of this treatment.
- The original denial letters and my previous appeal response.

Failure to provide this treatment puts me at risk for [mention risks, e.g., permanent injury, worsening of condition, hospitalization]. I request that you overturn the previous decision and authorize coverage for this medically necessary service.

I look forward to your written response within [Number, usually 30] days as per my plan's guidelines. Please contact me at [Phone Number] if you require any further information.

Sincerely,

[Your Signature]

[Your Printed Name]

cc: [Physician Name]