

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

[Date]

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

RE: Appeal of Coverage Denial for [Name of Medication]

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

Dear Appeals Department,

I am writing to formally appeal the denial of coverage for [Name of Medication], which was prescribed by my physician, [Physician's Name], for the treatment of [Medical Condition]. According to the denial letter dated [Date of Denial Letter], the request was denied based on a lack of medical necessity.

I believe this medication is medically necessary for my health for the following reasons:

- **Previous Treatments:** I have previously tried other medications, including [List other drugs tried, e.g., Medication A and Medication B]. These treatments were unsuccessful because [explain: e.g., they caused severe side effects / they did not lower my symptoms].
- **Clinical Effectiveness:** My healthcare provider has determined that [Name of Medication] is the most appropriate treatment for my specific diagnosis based on [mention specific clinical trials, symptoms, or medical history].
- **Risk of Non-Treatment:** Without this specific medication, I am at risk for [mention potential health complications or worsening of condition].

Attached to this letter, please find a formal letter of medical necessity from [Physician's Name], as well as relevant medical records and lab results that support the need for this specific treatment.

I request that you reconsider your decision and approve coverage for [Name of Medication]. I look forward to your response within the time frame required by my policy. If you need any further information, please contact me at [Your Phone Number] or my physician's office at [Physician's Phone Number].

Sincerely,

[Your Signature]
[Your Printed Name]

Enclosures:

- Letter from [Physician's Name]
- Medical Records
- Original Denial Letter