

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

[Date]

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

RE: Notice of Appeal for Denial of Physical Therapy Services

Patient Name: [Patient Name]
Member ID Number: [ID Number]
Claim/Reference Number: [Reference Number]
Date of Denial: [Date on Denial Letter]

Dear Appeals Committee,

I am writing to formally appeal the denial of coverage for physical therapy services requested by [Doctor/Provider Name]. The denial letter states that these services were deemed "not medically necessary." I believe these services are vital for my recovery and functional health.

My diagnosis is [Insert Diagnosis/Condition]. Without continued physical therapy, I face the following risks: [List risks, e.g., loss of mobility, increased pain, inability to perform daily tasks, or risk of surgery].

These services are medically necessary because:

- [Detail how PT has helped so far, e.g., improved range of motion by X degrees].
- [Explain why home exercise alone is insufficient].
- [Reference specific physician recommendations].

Attached you will find supporting documentation, including a letter of medical necessity from my physician, recent progress notes, and [List any other attachments].

I request that you reconsider this decision and authorize the requested sessions. I look forward to your response within the timeframe required by my policy.

Sincerely,

[Your Signature]

[Your Printed Name]