

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

[Date]

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

RE: Appeal of Coverage Denial for [Name of Procedure/Screening]

Member Name: [Your Name]

Member ID Number: [ID Number]

Claim Number: [Claim Number]

Date of Service: [Date]

To Whom It May Concern:

I am writing to formally appeal your decision to deny coverage for the [Name of Screening] performed on [Date]. According to the Explanation of Benefits (EOB) dated [Date of EOB], the claim was denied due to a "lack of medical necessity."

I am requesting a reconsideration of this claim based on the fact that this procedure was a preventive screening. Under the Patient Protection and Affordable Care Act (ACA), most private health plans are required to cover specific preventive services without cost-sharing when delivered by an in-network provider.

This screening was recommended by my physician, Dr. [Doctor's Name], as part of a routine preventive care plan based on [mention age, gender, or specific risk factors as per CDC/USPSTF guidelines]. Therefore, this service should be categorized as a preventive benefit rather than a diagnostic procedure subject to medical necessity reviews for illness or injury.

Enclosed, please find the following supporting documents:

- A letter from my physician explaining the preventive nature of the screening.
- A copy of the original claim and EOB.
- Relevant medical guidelines supporting this screening for my demographic.

I request that you review this claim again and process it under my preventive care benefits with \$0 out-of-pocket responsibility. I look forward to your written response within [30] days as required by law.

Sincerely,

[Your Signature]

[Your Printed Name]