

[Your Name]
[Your Address]
[Your Phone Number]
[Your Email Address]

[Date]

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

RE: Appeal for Out-of-Network Specialized Treatment

Patient Name: [Patient Name]
Policy Number: [Policy Number]
Group Number: [Group Number]
Claim/Reference Number: [Claim Number, if applicable]

Dear Appeals Committee,

I am writing to formally appeal the denial of coverage for specialized treatment with [Provider/Facility Name], an out-of-network provider. I am requesting that [Insurance Company Name] cover these services at the in-network benefit level due to medical necessity and the lack of available expertise within your network.

I have been diagnosed with [Name of Condition]. This is a complex condition that requires a specific treatment known as [Name of Treatment/Procedure].

After reviewing the current provider network, I have determined that there are no in-network providers within a reasonable distance who possess the necessary specialization or equipment to perform this treatment. [Optional: Mention specific in-network doctors you consulted who were unable to help].

[Provider Name] is uniquely qualified to provide this care because:

- [Reason 1: Expertise in a rare condition]
- [Reason 2: Access to specific technology/FDA-approved clinical protocols]
- [Reason 3: Proven success rates for this specific procedure]

Delaying this specialized treatment or seeking care from a generalist would result in [mention potential negative health outcomes]. Enclosed you will find a letter of medical necessity from my primary physician and supporting clinical documentation.

I look forward to your timely response regarding this urgent matter. Please notify me of your decision within [Number] days.

Sincerely,

[Your Signature]
[Your Printed Name]

Enclosures:

- Letter of Medical Necessity from [Physician Name]
- Clinical records and diagnostic results
- Research/Documentation regarding specialized treatment