

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

[Date]

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

RE: Geographic Exception Request / Network Adequacy Appeal

Patient Name: [Patient Name]
Member ID: [ID Number]
Claim/Reference Number: [Number, if applicable]
Provider Name: [Out-of-Network Provider Name]

To Whom It May Concern,

I am writing to formally request a Geographic Exception (Network Adequacy Gap Exception) to allow [Provider Name] to be covered at the in-network benefit level for the following services: [List specific procedure or treatment].

I am requesting this exception because there are no qualified in-network providers capable of providing the necessary specialized care within a reasonable distance of my home. My current plan requires me to travel over [Number] miles/hours to reach the nearest in-network specialist, which exceeds the geographic access standards for network adequacy.

The provider I am requesting, [Provider Name], is a specialist in [Specific Medical Condition] and is located [Number] miles from my residence. Access to this provider is medically necessary to ensure timely treatment and continuity of care, as the in-network options are either unavailable, not accepting new patients, or do not possess the specific expertise required for my diagnosis.

Attached you will find [List attachments, e.g., a letter of medical necessity from my primary doctor, map of distance to in-network providers, or specialist referrals].

I look forward to your written response regarding this exception within [Number of days, e.g., 15-30] days. Please contact me at [Phone Number] if you require further information.

Sincerely,

[Your Signature]

[Your Printed Name]