

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

[Date]

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

RE: Letter of Appeal for Single-Case Agreement (SCA)

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

To Whom It May Concern,

I am writing to formally appeal the denial of a Single-Case Agreement (SCA) for services provided by [Provider Name], who is an out-of-network provider specializing in [Provider Specialty].

This request is based on the medical necessity of the patient receiving care from this specific provider. Currently, there are no in-network providers within a reasonable geographic distance who possess the necessary expertise to treat the patient's specific condition, which is [Diagnosis/Condition Name].

The patient requires [Type of Treatment/Service]. Continuity of care is vital in this case because:

- [Reason 1: e.g., The patient has a long-standing therapeutic relationship with this provider.]
- [Reason 2: e.g., In-network providers have waitlists exceeding X months.]
- [Reason 3: e.g., The provider has a unique specialization not found in the current network.]

Enclosed are supporting documents, including a letter of medical necessity from the referring physician and clinical notes detailing the patient's history.

I request that [Insurance Company Name] reconsider this SCA to allow the patient to receive treatment at the in-network benefit level. This will ensure the patient receives the life-altering care required without undue financial hardship or clinical setback.

I look forward to your timely response regarding this appeal. Please contact me at [Phone Number] if you require further information.

Sincerely,

[Your Signature]

[Your Printed Name]