

[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 for Out-of-Network Specialist Coverage

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

To the Appeals Committee,

I am writing to formally appeal the denial of coverage for services provided by [Specialist Name]. I am requesting that these services be covered at the in-network benefit level due to the unique specialist expertise required for my condition, [Condition Name], which is not available within the current provider network.

The basis for this appeal is as follows:

- **Clinical Complexity:** My diagnosis requires a highly specific level of expertise in [Specify Sub-specialty or Procedure].
- **Network Inadequacy:** I have reviewed the current provider directory and consulted with my primary care physician. There are no in-network providers within a reasonable distance who possess the necessary training or volume of experience to treat this rare/complex condition effectively.
- **Unique Qualifications:** [Specialist Name] is uniquely qualified because [Mention specific fellowships, research, specialized equipment, or success rates].
- **Continuity and Safety:** Seeking care from an unqualified in-network generalist would pose a significant risk to my health and could result in higher long-term costs due to potential complications.

Attached you will find a letter of medical necessity from my referring physician, clinical records documenting my diagnosis, and documentation regarding the lack of available in-network specialists for this specific procedure/treatment.

I request a timely review of this appeal to ensure I receive the medically necessary care required for my health. I look forward to your written response within [Number] days.

Sincerely,

[Your Signature]

[Your Printed Name]