[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 Claim Denial
Patient Name: [Patient Name]
Member ID: [ID Number]
Group Number: [Group Number]
Claim Number: [Claim Number]
Date of Service: [Date of Service]

Dear Appeals Department,

I am writing to formally appeal the denial of the above-referenced claim. The claim was denied based on [Reason for Denial, e.g., lack of medical necessity/incorrect diagnosis linkage].

Upon review of the clinical documentation and the Explanation of Benefits (EOB), it appears that a coding error occurred regarding the linkage between the diagnosis code and the procedure performed. Specifically, the diagnosis code [Current Code] was incorrectly linked to [Procedure Code].

The correct diagnosis code for this service is **[Correct ICD-10 Code]**, which describes **[Description of Condition]**. This diagnosis directly supports the medical necessity of **[Procedure/Service Performed]** according to standard clinical guidelines and your policy [Policy Number, if known].

Enclosed please find the following supporting documents:

- Corrected claim form (if applicable)
- Clinical notes from [Provider Name] dated [Date]
- Physician's letter of medical necessity
- Relevant test results or imaging reports

I request that you re-process this claim with the corrected diagnosis linkage. Please notify me of your decision within [Number] days as required by state/federal regulations.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]
[Your Printed Name]