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

[Date]

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

RE: [Patient Name]
Policy Number: [Policy Number]
Group Number: [Group Number]
Claim/Reference Number: [Reference Number]
Prescribed Medication/Treatment: [Treatment Name]

To Whom It May Concern,

I am writing to formally appeal the denial of coverage for [Treatment Name], which was denied on the basis that [State the insurance company's reason for denial, e.g., "the patient must first fail Step Therapy"].

As the treating physician for [Patient Name], it is my clinical opinion that the plan-preferred alternative treatments will be ineffective for this patient. Requiring the patient to trial and fail these alternatives poses a significant risk to their health and will likely result in a lack of clinical response for the following reasons:

Clinical Justification for Expected Ineffectiveness:

- [Detail patient's specific comorbidities or genetic markers that suggest failure].
- [Reference specific contraindications to the preferred drug].
- [Detail history of failed treatments within the same drug class].
- [Cite peer-reviewed literature or clinical guidelines supporting the chosen treatment for this specific patient profile].

Because of [Patient Name]'s unique clinical presentation, following the standard step therapy protocol is medically inappropriate. The requested treatment, [Treatment Name], is the most effective and safe option to stabilize the patient's condition and prevent [mention potential complications or disease progression].

I have attached [list supporting documents, e.g., lab results, medical records, or journal articles] to support this request. I ask that you overturn the previous denial and authorize coverage for [Treatment Name] immediately.

Thank you for your prompt attention to this matter. I look forward to your response.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]
[NPI Number]
[Medical Practice Name]