

[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 Inpatient Stay Denial

Patient Name: [Patient Name]

Policy Number: [Policy Number]

Claim Number: [Claim Number]

Date of Service: [Date of Admission] to [Date of Discharge]

Dear Appeals Coordinator,

I am writing to formally appeal the denial of coverage for the inpatient hospital stay on the dates listed above. The denial letter states that the stay was not medically necessary; however, I contend that the inpatient status was required due to pending diagnostic results essential for safe discharge and clinical decision-making.

During this admission, the patient presented with [briefly list symptoms]. To ensure patient safety and determine the appropriate treatment plan, the medical team ordered the following diagnostic tests: [List tests, e.g., MRI, Biopsy, Culture, etc.].

The inpatient stay was extended because:

- The patient's condition was too unstable for outpatient monitoring while awaiting results.
- The results of the [Test Name] were required to rule out life-threatening conditions such as [Condition].
- The results directly dictated the immediate surgical or pharmacological intervention required.

Discharging the patient before these results were finalized would have posed a significant risk of readmission or adverse health outcomes. According to clinical standards, the complexity of the diagnostic workup required continuous professional nursing observation and immediate access to physician intervention.

Enclosed are the medical records, including the physician's orders and the specific diagnostic reports that confirm the necessity of the extended stay. I request that you overturn this denial and process the claim for full payment.

Thank you for your prompt attention to this matter. I look forward to your response within [Number] days.

Sincerely,

[Your Signature]

[Your Printed Name]

Enclosures:

[Medical Records]

[Diagnostic Test Results]

[Doctor's Letter of Medical Necessity]