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

[Date]

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

RE: URGENT EXPEDITED APPEAL
Patient Name: [Patient Name]
Member ID: [ID Number]
Group Number: [Group Number]
Claim/Reference Number: [Claim Number]
Date of Denial: [Date]

To Whom It May Concern,

I am writing to formally request an **urgent expedited reconsideration** of the denial for bundled surgical and diagnostic services requested by my physician, [Doctor's Name]. This request was denied on the basis of [mention reason from denial letter, e.g., lack of medical necessity or experimental status].

The denial of these bundled services poses an immediate risk to my health. My physician has determined that performing the diagnostic [Name of Diagnostic] in conjunction with the surgical procedure [Name of Surgery] is medically necessary for the following reasons:

- [Reason 1: e.g., Immediate intra-operative feedback is required for successful outcome]
- [Reason 2: e.g., Reducing the need for multiple sessions of anesthesia]
- [Reason 3: e.g., Clinical evidence supporting the bundling of these specific services]

Because my condition is [Condition Name] and is progressing rapidly, I request that this appeal be processed as an **expedited appeal**. A delay in these services could result in [mention serious health consequence].

Attached you will find a letter of medical necessity from my surgeon, relevant clinical notes, and peer-reviewed literature supporting the bundled approach as the standard of care for my diagnosis.

Please review this urgent request and provide a determination within [Timeframe, e.g., 72 hours]. I can be reached at [Phone Number] should you require further information.

Sincerely,

[Your Signature]

[Your Printed Name]

Enclosures: Letter of Medical Necessity, Clinical Records, Supporting Documentation