

[Your Name/Organization Name]  
[Address]  
[City, State, Zip Code]  
[Phone Number]  
[Date]

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

**RE: Appeal of Denial for Missing Progress Notes**

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

To Whom It May Concern,

This letter is a formal appeal regarding the denial of the above-referenced claim. The reason provided for the denial was the absence of progress notes required to substantiate the medical necessity of the services rendered.

Enclosed with this letter, please find the requested progress notes for the date of service [Date]. These records include:

- Clinical assessment and diagnosis
- Treatment plan and interventions performed
- Patient response to treatment
- Provider signature and credentials

We believe these documents provide the necessary clinical information to satisfy your requirements for reimbursement. We kindly request that you review this additional documentation and overturn the initial denial.

If you require any further information or have questions regarding this appeal, please contact [Contact Person Name] at [Phone Number]. Thank you for your prompt attention to this matter.

Sincerely,

[Signature]  
[Typed Name]  
[Title/Position]

**Enclosures:** [List specific documents attached]