

URGENT: EXPEDITED APPEAL REQUEST

Date: [Insert Date]

To: [Insurance Company Name]

Department: Appeals Department

Fax Number: [Insert Fax Number]

RE: Expedited Appeal for Missing Prior Authorization

- **Patient Name:** [Insert Patient Name]
- **Member ID:** [Insert Member ID]
- **Date of Birth:** [Insert DOB]
- **Claim/Reference Number:** [Insert Number]
- **Date of Service:** [Insert Date]

Dear Appeals Committee,

I am writing to formally request an **expedited appeal** regarding the denial of coverage for [Insert Service/Medication Name]. The denial was based on the absence of a prior authorization. I am requesting an immediate review because a delay in this treatment/service poses a serious threat to the patient's health and well-being.

The required documentation was not submitted prior to the service due to [Briefly state reason: e.g., administrative oversight / emergency nature of the procedure].

Accompanying this letter, please find the clinical documentation justifying the medical necessity of this service, including:

- [Insert Document Name, e.g., Physician Notes]
- [Insert Document Name, e.g., Diagnostic Results]
- [Insert Document Name, e.g., Letter of Medical Necessity]

We ask that you waive the prior authorization requirement retroactively and approve this claim based on the clinical evidence provided. Due to the urgent nature of the patient's condition, we look forward to your response within [Insert Timeframe, e.g., 72 hours].

Sincerely,

[Your Signature]

[Your Printed Name]

[Provider/Facility Name]

[Phone Number]