

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

[Date]

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

**RE: Appeal of Denied Claim**

**Member Name:** [Patient Name]  
**Member ID Number:** [ID Number]  
**Claim Number:** [Claim Number]  
**Date of Service:** [Date of Service]  
**Provider Name:** [Treating Physician/Facility Name]

To Whom It May Concern:

I am writing to formally appeal the denial of the above-referenced claim. According to the Explanation of Benefits (EOB) dated [Date of EOB], the claim was denied due to missing referral documentation.

The purpose of this letter is to provide the necessary documentation to satisfy this requirement. Please find attached the formal referral issued by my Primary Care Physician (PCP), [PCP Name], authorizing my visit to [Specialist/Facility Name] for [Reason for Visit/Diagnosis].

It is my understanding that this referral was active and valid at the time services were rendered. I request that you review the attached document and reprocess the claim for payment as per my policy benefits.

Thank you for your prompt attention to this matter. Please notify me in writing of your decision within [Number] days.

Sincerely,

[Your Signature]  
[Your Printed Name]

**Enclosures:**

- Copy of Referral Form
- Copy of Denial Letter/EOB