

[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 Claim Denial**

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

Dear Appeals Committee,

I am writing to formally appeal the denial of coverage for the diagnostic imaging services provided on [Date of Service]. The claim was denied citing a missing diagnostic imaging report.

Please find the requested diagnostic imaging report attached to this letter. This report was generated by [Radiologist/Facility Name] regarding the [Type of Imaging, e.g., MRI, CT Scan, X-Ray] performed on the date mentioned above.

This imaging was medically necessary to [Reason for Imaging, e.g., diagnose persistent pain, monitor a known condition]. With the submission of the formal report, I request that you reconsider the claim and process it for payment according to my policy benefits.

If you require any further documentation, please contact me at [Your Phone Number]. Thank you for your time and assistance in resolving this matter.

Sincerely,

[Your Signature]  
[Your Printed Name]

**Enclosures:**

- Copy of Denial Letter
- Diagnostic Imaging Report (dated [Date of Report])
- Provider Referral/Order