

Date: [Insert Date]

To: [Appeals Department Name]

Insurance Company: [Insert Insurance Company Name]

Address: [Insert Address]

RE: Final Appeal for Denied Claim

Patient Name: [Insert Patient Name]

Member ID: [Insert Member ID]

Claim Number: [Insert Claim Number]

Date of Service: [Insert Date of Service]

Dear Appeals Committee,

This letter serves as a formal final appeal regarding the denial of the above-referenced claim. The reason provided for the denial was missing or incomplete treatment plan documentation. We believe this decision should be reversed based on the enclosed records.

Attached to this letter, you will find the comprehensive Treatment Plan for [Patient Name], dated [Insert Date of Plan]. This document includes:

- Specific clinical diagnoses and goals.
- Proposed frequency and duration of treatment.
- Measurable objectives and progress milestones.
- Physician/Provider signatures and credentials.

The absence of this documentation in the initial submission was an administrative oversight. The enclosed records clearly demonstrate that the services provided were medically necessary and followed a structured, pre-defined clinical path as required by your policy guidelines.

Please review this final submission and update the claim status for reimbursement. We look forward to your written response within [Insert Number, e.g., 30] days.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Title/Organization]

[Your Phone Number]

Enclosures: [List documents, e.g., Treatment Plan, Clinical Notes]