

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

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

RE: Appeal for Denial of Claim

Patient Name: [Patient Name]
Date of Birth: [DOB]
Policy Number: [Policy ID]
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 claim was denied citing "missing operative report documentation."

We apologize for the omission of this documentation in the initial submission. Please find the requested Operative Report attached to this letter. This report outlines the clinical necessity of the procedure, the specific surgical techniques utilized, and the findings of the attending surgeon, [Surgeon Name].

The documentation provided confirms that the services rendered were medically necessary and meet the criteria for reimbursement under the patient's benefits plan. We request that you reopen this claim and process it for payment based on the enclosed information.

If you require any further documentation or have questions regarding this appeal, please contact our office at [Phone Number]. Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]
[Your Printed Name]
[Title/Department]

Enclosures:

1. Operative Report dated [Date]
2. Copy of Denial Notification
3. [Additional Supporting Documents]