

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

[Date]

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

Re: Secondary Appeal for Denial of Claim
Patient Name: [Patient Full Name]
Policy Number: [Policy ID Number]
Group Number: [Group Number]
Claim Number: [Claim Number]
Date of Service: [Date of Service]

To the Appeals Committee,

I am writing to formally submit a secondary appeal regarding the denial of the above-referenced claim. The initial claim and subsequent primary appeal were denied citing "missing medical records" or "insufficient documentation."

I am now providing the complete medical record for the date of service mentioned above. Please find the following documents attached to this letter:

- Physician's clinical notes and evaluation
- Diagnostic test results and lab reports
- Treatment plan and referral forms
- Original itemized bill

These records clearly document the medical necessity of the services provided. The previous denial appears to have been based on an administrative oversight or a failure in the transmission of files between the provider and your claims department. As all required documentation is now included, I request that you overturn the previous decision and process this claim for payment immediately.

Please review this secondary appeal and provide a written response within [Number, e.g., 15 or 30] business days. If you require any further information, please contact me directly at [Phone Number].

Sincerely,

[Your Signature]

[Your Printed Name]

Enclosures: [List specific documents attached]