

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

[Date]

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

**RE: Appeal for Denied Claim / Missing Documentation**

Patient Name: [Patient Full Name]  
Date of Birth: [MM/DD/YYYY]  
Member ID: [ID Number]  
Claim Number: [Claim Number]  
Date(s) of Service: [Date Range]

Dear Appeals Department,

This letter is a formal appeal regarding the denial of the above-referenced claim. We understand the denial was issued due to missing physical therapy chart documentation for the specified dates of service.

Please find the requested documentation attached to this letter. We have enclosed the following records to support the medical necessity of the treatment provided:

- Initial Evaluation and Plan of Care
- Daily Progress Notes / Treatment Flow Sheets
- Physical Therapist Signatures and Credentials
- Functional Outcome Measures
- [List any other relevant documents here]

The attached records demonstrate that the physical therapy services were medically necessary and performed in accordance with the patient's treatment plan. We believe this information satisfies the requirements for claim processing.

We kindly request a re-evaluation of this claim based on the provided documentation. Should you require any further information, please contact our office directly at [Phone Number].

Thank you for your prompt attention to this matter.

Sincerely,

[Signature]

[Typed Name]

[Title/Credential]