

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

[Date]

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

RE: Appeal of Claim Denial
Patient Name: [Patient Name]
Policy Number: [Policy Number]
Claim Number: [Claim Number]
Date of Service: [Date of Hospitalization]

Dear Appeals Review Committee,

I am writing to formally appeal the denial of the claim mentioned above. The reason for the denial was listed as a missing Hospital Discharge Summary.

The requested Hospital Discharge Summary is now attached to this letter. This document outlines the medical necessity of the admission, the treatment provided, and the clinical status upon discharge.

Based on this complete documentation, I request that you reconsider and process this claim for payment. If you require any further information to finalize this appeal, please contact me directly at [Your Phone Number].

Thank you for your time and prompt attention to this matter.

Sincerely,

[Your Signature]
[Your Printed Name]

Enclosures:
- Copy of Denial Letter
- Hospital Discharge Summary dated [Date]