

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

[Date]

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

RE: Notice of Formal Appeal for Denied/Downcoded Emergency Services

Patient Name: [Patient Name]
Member ID: [ID Number]
Claim Number: [Claim Number]
Date of Service: [Date of Service]
Facility Name: [Hospital Name]

To the Appeals Committee,

I am writing to formally appeal the decision to downcode the emergency department services provided on [Date of Service]. Your records indicate a reduction in the level of care based on the final diagnosis. This determination violates the "Prudent Layperson Standard."

At the time of seeking care, I experienced the following symptoms which I believed constituted an immediate threat to my life or long-term health: [List symptoms, e.g., severe chest pain, shortness of breath, uncontrollable bleeding].

The decision to seek emergency care was based on the severity and acute nature of these symptoms. Under federal law, emergency coverage is determined by the presenting symptoms, not the final diagnosis. Any delay in seeking medical evaluation for these symptoms could have resulted in death or serious impairment.

I have attached the following supporting documentation:

- Emergency Room discharge summary
- Physician notes regarding the acute nature of the visit
- A copy of the original claim and the explanation of benefits (EOB)

I request that you re-evaluate this claim and provide coverage at the appropriate emergency level. I look forward to a written response within the timeframe mandated by law.

Sincerely,

[Your Signature]

[Your Printed Name]