[Date]

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

RE: Patient Name: [Patient Name]
Date of Birth: [DOB]
Policy Number: [Policy ID]
Claim Number: [Claim Number]
Subject: Appeal for Maximum Benefit Limit Reached

To Whom It May Concern,

I am writing on behalf of my patient, [Patient Name], to formally appeal the denial of coverage for [Specific Treatment/Service] based on the patient having reached their maximum benefit limit.

Mr./Ms. [Patient Last Name] is currently under my care for [Diagnosis/Medical Condition]. The treatment in question is not elective; it is a medically necessary component of the patient's ongoing care plan. To date, the patient has shown [mention progress or stability] due to this treatment. Discontinuing or delaying this service would likely result in [mention risks, e.g., clinical regression, hospitalization, or permanent loss of function].

While I understand the policy contains a maximum benefit limit, I am requesting a clinical exception or an extension of benefits based on medical necessity. The patient's specific clinical circumstances-[briefly describe unique severity or complications]-require continued intervention that exceeds standard frequency or duration limits.

Attached please find supporting documentation, including [list documents, e.g., progress notes, test results, and treatment plan], which further detail the medical necessity for continued care.

I look forward to your timely reconsideration of this claim. Please contact my office at [Phone Number] if you require further information.

Sincerely,

[Physician Signature]
[Physician Name, MD/DO]
[Practice Name]
[NPI Number]