[Your Name]
[Your Title/Position]
[Name of Medical Facility]
[Address]
[City, State, Zip Code]
[Phone Number]
[Date]

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

RE: Formal Appeal for Maximum Benefit Limit Reached

Patient Name: [Patient Full Name]
Patient Date of Birth: [DOB]
Policy Number: [Policy ID]
Group Number: [Group Number]
Claim Number: [Claim Number (if applicable)]

Dear Claims Administrator,

I am writing on behalf of [Patient Name] to formally appeal the denial of coverage for [Specific Treatment/Service] based on the assertion that the patient has reached their maximum benefit limit for the current calendar year.

As the administrator for [Name of Medical Facility], I have reviewed the patient's clinical history and the treatment plan prescribed by [Treating Physician's Name]. The services provided are medically necessary for the following reasons:

- [Insert Brief Reason: e.g., Prevention of acute relapse]
- [Insert Brief Reason: e.g., Essential post-operative rehabilitation]
- [Insert Brief Reason: e.g., Management of a chronic life-threatening condition]

Exhausting the benefit limit at this stage poses a significant risk to the patient's health and may lead to more costly emergency interventions in the future. We request a one-time extension or an administrative override of the benefit cap for this specific course of treatment based on medical necessity.

Attached you will find the patient's clinical progress notes, a letter of medical necessity from the primary physician, and documentation of the treatment outcomes to date.

We look forward to a timely reconsideration of this claim. If you require further information, please contact our billing and administration office at [Phone Number].

Sincerely,

[Signature]

[Your Printed Name]
[Your Title]