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

[Date]

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

RE: Appeal for Extension of Physical Therapy Services
Patient Name: [Patient Name]
Member ID Number: [Member ID Number]
Claim/Reference Number: [Reference Number from Denial Letter]
Provider Name: [Physical Therapist Name/Clinic]

To Whom It May Concern,

I am writing to formally appeal the denial of additional physical therapy sessions for [Patient Name] based on the maximum benefit limit being reached. I am requesting a medical necessity exception to extend coverage for [Number] additional visits.

Currently, I am receiving treatment for [Diagnosis/Injury]. While I have shown significant progress in [mention specific improvement, e.g., range of motion or pain reduction], my treating physician and physical therapist have determined that I have not yet reached my maximum functional improvement. Abruptly stopping treatment at this stage poses a high risk of regression and potential permanent loss of function.

According to my healthcare provider, continued therapy is medically necessary to:

- [Reason 1: e.g., Achieve independence in daily living activities]
- [Reason 2: e.g., Avoid surgical intervention]
- [Reason 3: e.g., Manage chronic pain without increased medication]

Attached to this letter, please find a Letter of Medical Necessity from my therapist, current progress notes, and a treatment plan outlining the remaining goals required for a safe discharge.

I request that you review this clinical evidence and grant an extension for the recommended sessions. Please provide a written response regarding your decision within [Number] days.

Thank you for your time and consideration of this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

Enclosures:
Letter of Medical Necessity from Physical Therapist
Current Treatment Progress Notes
Physician Referral/Order