Date: [Date]

To: [Name of Insurance Company]
Attn: Appeals Department
Address: [Insurance Company Address]

RE: Urgent Appeal for Coverage - Maximum Benefit Limit Reached

Member Name: [Patient Name]
Member ID Number: [Policy ID Number]
Claim/Reference Number: [Reference Number]
Provider Name: [Doctor/Hospital Name]

Dear Appeals Committee,

I am writing to formally appeal the denial of coverage for [Name of Procedure/Treatment] scheduled for [Date]. I was notified that this request was denied because I have reached my annual or lifetime maximum benefit limit.

This is an **urgent request** for a medical necessity override. My physician has determined that this procedure is critical for my health and cannot be delayed or omitted. Without this treatment, I am at immediate risk of [mention specific health risk, e.g., permanent disability, organ failure, or severe clinical deterioration].

Attached you will find a letter of medical necessity from my treating physician, [Doctor's Name], which details the life-threatening or urgent nature of my condition and explains why this specific treatment is the only viable option at this time.

Given the time-sensitive nature of my medical condition, I request an expedited review of this appeal. I am asking that [Insurance Company Name] grant a one-time exception to the benefit limit to ensure I receive life-saving care.

I look forward to your immediate response regarding this matter. I can be reached at [Phone Number] or [Email Address].

Sincerely,

[Your Signature]
[Your Printed Name]

Enclosures:
- Letter of Medical Necessity from [Doctor's Name]
- Relevant Medical Records/Test Results
- Copy of Denial Notice