head>

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

[Date]

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

RE: Urgent Appeal for Continued Specialist Intervention
Patient Name: [Patient Full Name]
Policy Number: [Policy Number]
Group Number: [Group Number]
Claim/Reference Number: [Reference Number]

To Whom It May Concern,

I am writing to formally appeal the decision to deny further coverage for [Type of Specialist Treatment/Intervention] provided by [Specialist Name]. According to your recent notice dated [Date of Denial Letter], coverage was denied because I have reached the "Maximum Benefit Limit" for this service.

I am requesting a clinical exception based on medical necessity. The intervention provided by [Specialist Name] is essential to my ongoing health and recovery. Halting treatment at this stage would result in [describe specific risks, e.g., significant physical regression, risk of hospitalization, or permanent loss of function].

Enclosed, you will find a letter from my treating specialist, [Specialist Name], which outlines:

- The specific medical reasons why continuing this intervention is critical.
- Clinical evidence of the progress made under this care.
- The potential medical consequences of terminating treatment prematurely.

I request that you review this appeal with a medical director who specializes in [Specialist's Field]. Given the urgency of my medical condition, I look forward to a timely response regarding the extension of my benefit limits for this specific intervention.

Thank you for your immediate attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

Enclosures:
- Letter of Medical Necessity from [Specialist Name]
- Recent Clinical Progress Notes
- Copy of Denial Notification