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

[Date]

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

RE: Notice of Denial for Continued Rehabilitation Services
Patient Name: [Patient Name]
Policy Number: [Policy Number]
Claim/Reference Number: [Claim Number]

To the Appeals Committee,

I am writing to formally appeal the denial of coverage for additional [Physical/Occupational/Speech] therapy sessions. I was notified that coverage has been denied because I have reached the maximum benefit limit for the current calendar year.

I am requesting an exception for additional visits based on medical necessity. My treating physician, Dr. [Doctor's Name], has determined that continued therapy is vital to my recovery and functional independence. Currently, I am recovering from [Name of Condition/Injury/Surgery].

Despite reaching the standard limit, my recovery is not yet complete. Stopping treatment at this stage would likely result in:

- A significant regression in the progress made to date.
- Increased risk of secondary complications or re-injury.
- Inability to perform essential daily tasks as outlined in my treatment plan.

Attached to this letter, please find a letter of medical necessity from my physician and progress notes from my therapist demonstrating the measurable gains I have made and the specific goals yet to be achieved.

I request that you review this clinical documentation and grant an extension of [Number] additional visits to ensure a safe and effective recovery process. I look forward to your timely response regarding this urgent matter.

Sincerely,

[Your Signature]
[Your Printed Name]

Enclosures: Letter of Medical Necessity, Physical Therapy Progress Notes, Treatment Plan.