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

[Date]

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

RE: Urgent Expedited Appeal for Diagnostic Imaging

Patient Name: [Patient Full Name]
Member ID Number: [Member ID]
Group Number: [Group Number]
Claim/Reference Number: [Reference Number from Denial Letter]
Requested Procedure: [Type of Scan, e.g., MRI/CT/PET Scan]

To the Appeals Department,

I am writing to formally request an **expedited appeal** regarding the denial of coverage for the diagnostic imaging listed above. This request is urgent as my physician has determined that a standard appeal timeframe could seriously jeopardize my health and physical well-being.

Clinical Justification for Urgency:
The requested imaging is medically necessary to diagnose or monitor the following condition: [Briefly describe condition/symptoms]. Without this imaging, treatment is being delayed for a potentially life-threatening or debilitating condition.

Reason for Appeal:
[State why the imaging is necessary, e.g., "Previous conservative treatments have failed," or "This is the gold standard for diagnosing my specific symptoms."]

I have attached a Letter of Medical Necessity from my treating physician, [Doctor's Name], which further explains the acute nature of my situation and the medical necessity of this scan.

Under federal and state law, I am requesting a determination on this expedited appeal within 72 hours. Please contact me immediately at [Phone Number] or my physician's office at [Doctor's Phone Number] with your decision.

Sincerely,

[Your Signature]
[Your Printed Name]

Enclosures:
- Copy of Denial Letter
- Physician's Letter of Medical Necessity
- Relevant Medical Records/Test Results