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

[Insurance Company Name]
[Attn: Appeals Department / Grievance Department]
[Address]
[City, State, Zip Code]

RE: EXPEDITED APPEAL FOR IMMEDIATE SPECIALIST CONSULTATION
Patient Name: [Patient Name]
Member ID Number: [Member ID Number]
Claim/Reference Number: [Reference Number]
Provider: [Specialist Name/Facility]

To Whom It May Concern,

I am writing to formally request an **expedited appeal** regarding the denial or delay of a consultation with [Specialist Name/Specialty Type]. My physician, [Referring Physician Name], has determined that this consultation is medically necessary and urgent.

According to [State Law/Plan Policy], an expedited appeal is required when the standard 30-day appeal timeline could seriously jeopardize the life or health of the member or the member's ability to regain maximum function. I believe my situation meets these criteria for the following reasons:

- **Current Symptoms:** [Briefly describe severity of symptoms]
- **Risk of Delay:** [Briefly describe why waiting will cause harm]
- **Physician Recommendation:** [Reference attached letter of medical necessity if available]

Due to the urgent nature of my medical condition, I am requesting a decision within 72 hours. Please find the attached documentation from my primary care provider supporting the need for immediate intervention.

Please notify me of your decision immediately by phone at [Your Phone Number] and follow up with a written confirmation. Thank you for your prompt attention to this critical matter.

Sincerely,

[Your Signature]
[Your Printed Name]

Enclosures: [List attached medical records or doctor's notes]