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

[Date]

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

URGENT: EXPEDITED APPEAL FOR EMERGENCY ONCOLOGY TREATMENT

Patient Name: [Patient Name]
Claim/Reference Number: [Reference Number]
Date of Denial: [Date on Denial Letter]

To Whom It May Concern,

I am writing to formally request an **expedited appeal** regarding the denial of coverage for [Name of Treatment/Procedure/Medication]. This treatment is medically necessary for the management of [Specific Type of Cancer].

Per the recommendation of my oncologist, [Doctor's Name], this appeal requires an expedited 72-hour review because the standard 30-day appeal timeframe would seriously jeopardize my life, health, and ability to regain maximum function. Delaying this emergency oncology treatment poses an immediate threat to my clinical outcome.

Reason for Appeal:

- [Reason 1: Describe why the treatment is medically necessary based on current diagnosis].
- [Reason 2: Explain why alternative treatments are not suitable or have already failed].
- [Reason 3: Reference specific clinical guidelines or peer-reviewed data provided by your doctor].

Attached is a letter of medical necessity from my treating physician, [Doctor's Name], along with relevant pathology reports, imaging results, and my current treatment plan.

Please review this request immediately. I look forward to your prompt response within the 72-hour expedited window. I can be reached at [Phone Number] for any further information required.

Sincerely,

[Signature]
[Printed Name]

Enclosures:
Letter of Medical Necessity from [Doctor's Name]
Pathology/Imaging Records
Copy of Original Denial Letter