URGENT: EXPEDITED APPEAL REQUEST
Clinical Reason: Potential for rapid neurological deterioration

Date: [Date]

To: [Health Insurance Company Name]
Attn: Appeals Department
Address: [Insurance Address]
City, State, Zip: [City, State, Zip]

RE: Patient Name: [Patient Name]
Member ID Number: [ID Number]
Claim/Reference Number: [Reference Number]
Provider Name: [Doctor's Name]

Dear Appeals Committee,

I am writing to formally request an **expedited appeal** regarding the denial of coverage for [Specific Treatment/Procedure/Medication/Imaging]. I received notice of this denial on [Date of Denial Letter] based on the determination that the service was [Reason for Denial, e.g., not medically necessary].

Due to the urgent nature of my neurological condition, a standard 30-day appeal process poses a significant risk to my health. My treating physician, [Doctor's Name], has determined that a delay in receiving this care could lead to irreversible neurological damage, permanent disability, or severe loss of function.

Clinical Justification:

- **Diagnosis:** [Detailed Diagnosis, e.g., Multiple Sclerosis Exacerbation, Intracranial Stenosis, etc.]
- **Current Symptoms:** [List acute symptoms, e.g., loss of motor function, vision changes, cognitive decline].
- **Necessity:** [Briefly explain why this specific care is the gold standard or only viable option for this diagnosis].

According to the Affordable Care Act and [State Name] law, I am entitled to an expedited decision within 72 hours when a physician certifies that the life or health of the member would be seriously jeopardized by a standard timeframe.

Attached you will find a Letter of Medical Necessity from my neurologist and relevant clinical records supporting the urgency of this request.

Please contact me immediately at [Phone Number] or my physician's office at [Doctor's Phone Number] with your decision.

Sincerely,

[Signature]
[Typed Name]
[Phone Number]
[Email Address]