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

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

RE: EXPEDITED APPEAL FOR URGENT ORTHOPEDIC SURGERY
Patient Name: [Patient Name]
Policy Number: [Policy Number]
Group Number: [Group Number]
Claim/Reference Number: [Reference Number]
Provider Name: [Surgeon Name]

Dear Appeals Committee,

I am writing to formally request an **expedited appeal** regarding the denial of coverage for [Name of Procedure/Surgery]. This surgery was scheduled for [Date] but was denied on [Date of Denial] for the following reason: [Reason for Denial].

I am requesting an expedited review because this orthopedic procedure is time-sensitive. According to my treating physician, [Surgeon Name], any delay in this surgery poses a significant risk to my health, including [mention specific risks, e.g., permanent loss of mobility, nerve damage, or chronic disability].

Accompanying this letter is a statement from my surgeon documenting the medical necessity of this procedure and the urgent need for intervention. The requested surgery is the standard of care for my diagnosis of [Diagnosis/ICD Code].

Due to the urgent nature of my clinical condition, I look forward to your response within [72 hours or the timeframe required by your policy for expedited appeals]. Please contact me immediately at [Phone Number] or [Email] once a decision has been reached.

Sincerely,

[Your Signature]
[Your Printed Name]

Enclosures: Physician's Letter of Medical Necessity, Diagnostic Reports (MRI/X-ray), Original Denial Letter.