URGENT: EXPEDITED APPEAL REQUEST
Subject: Immediate Post-Operative Clinical Care

Date: [Date]

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

Patient Information:
Name: [Patient Name]
Policy Number: [Policy Number]
Group Number: [Group Number]
Claim/Reference Number: [Reference Number]

Dear Appeals Committee,

I am writing to formally request an **expedited appeal** regarding the denial of coverage for immediate post-operative clinical care following my surgery on [Date of Surgery].

According to the Affordable Care Act and internal policy guidelines, I am requesting an expedited review because a standard 30-day appeal timeline would seriously jeopardize my life, health, or ability to regain maximum function. My physician, [Doctor's Name], has determined that immediate clinical intervention is medically necessary to prevent [list specific complications, e.g., infection, permanent mobility loss, or organ failure].

Reason for Appeal:
The denied care is essential for the following reasons:
- [Reason 1: e.g., Requirement for skilled nursing monitoring]
- [Reason 2: e.g., Management of surgical site drainage and pain]
- [Reason 3: e.g., Prevention of blood clots/DVT]

Attached is a letter of medical necessity from my surgeon and clinical notes detailing my immediate post-operative requirements. I request a determination within 72 hours.

Please contact me immediately at [Phone Number] or [Email Address] with your decision.

Sincerely,

[Your Signature]
[Your Printed Name]

Enclosures:
- Letter of Medical Necessity from [Doctor's Name]

- Post-operative Care Plan
- Relevant Diagnostic Records