[Your Name]
[Your Address]
[City, State, Zip Code]
[Phone Number]
[Member ID Number]

[Date]

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

RE: Urgent Expedited Appeal for Portable Oxygen Concentrator
Claim/Reference Number: [Reference Number]
Patient Name: [Patient Name]
Date of Birth: [DOB]

To the Medical Review Department,

I am writing to formally request an **urgent expedited appeal** of the recent denial for the coverage of a Portable Oxygen Concentrator (POC). I am requesting an expedited 72-hour review because a delay in receiving this equipment poses a serious threat to my health, safety, and ability to perform activities of daily living.

My physician, [Doctor's Name], has diagnosed me with [Diagnosis, e.g., COPD, Severe Hypoxemia]. My current medical status requires continuous supplemental oxygen at a flow rate of [Flow Rate] LPM. Without a portable unit, I am [State specific risk, e.g., unable to attend medical appointments / at risk for acute respiratory failure / confined to my home].

Attached you will find the following supporting documentation:

- A Letter of Medical Necessity from my treating physician.
- Recent Pulse Oximetry or Arterial Blood Gas (ABG) results showing oxygen saturation below [X%].
- Clinical notes detailing my physical limitations and the necessity of the POC for mobility.

This request meets the criteria for an expedited appeal as the standard 30-day timeframe could seriously jeopardize my life or health. Please process this appeal immediately and notify me and my physician of your decision via telephone or fax within 72 hours.

Thank you for your immediate attention to this life-sustaining matter.

Sincerely,

[Your Signature]

[Your Printed Name]