[Parent/Guardian Name]
[Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

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

RE: Appeal for Pediatric Mobility Device
Patient Name: [Child's Name]
Date of Birth: [DOB]
Member ID: [ID Number]
Claim/Reference Number: [Reference Number]

Dear Appeals Committee,

I am writing to formally appeal the denial of coverage for a pediatric mobility device ([Model Name/Type]) for my child, [Child's Name]. The denial letter dated [Date of Denial] states that the request was denied due to missing documentation.

To address this requirement, I have enclosed the following documents which were previously missing from the initial submission:

- **Letter of Medical Necessity:** Signed by [Doctor's Name] outlining why this specific device is essential for [Child's Name]'s daily function and safety.
- **Physical/Occupational Therapy Evaluation:** A detailed assessment from [Therapist Name] dated [Date], specifying measurements and functional requirements.
- **Clinical Notes:** Relevant office notes from [Pediatrician/Specialist Name] documenting [Child's Name]'s diagnosis of [Diagnosis Code/Condition].
- **Equipment Specifications:** Detailed quote and technical data from the DME provider.

[Child's Name] requires this mobility device because [briefly describe how it improves quality of life, e.g., allows for independent movement, prevents secondary complications, or supports postural alignment]. Without this equipment, [Child's Name] is unable to safely participate in activities of daily living.

I believe the attached information provides a complete record of medical necessity. Please re-review this claim with the inclusion of these documents. I look forward to your timely response regarding this authorization.

Sincerely,

[Signature]
[Printed Name]
[Relationship to Patient]

Encl: [List of attachments]