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

[Date]

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

RE: Appeal for Out-of-Network Specialized Mobility Scooter Coverage

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

To Whom It May Concern,

I am writing to formally appeal the denial of coverage for a specialized mobility scooter provided by [Out-of-Network Provider Name]. I am requesting that this equipment be covered at the in-network benefit level due to medical necessity and the lack of available in-network providers capable of meeting my specific clinical requirements.

I suffer from [Diagnosis/Condition], which has resulted in [Describe specific physical limitations]. My treating physician, [Doctor's Name], has determined that a standard mobility device is insufficient. I require the specific specialized model provided by [Provider Name] because it includes features such as [List specific features, e.g., custom seating, specialized controls, or terrain capabilities] that are essential for my daily functioning and safety.

Prior to selecting this provider, I attempted to locate an in-network provider. However, [Explain why in-network options failed, e.g., "The in-network providers in my area do not carry the specialized equipment required" or "The in-network providers lack the expertise to configure this specific device"].

Attached you will find:

- A Letter of Medical Necessity from my primary physician.
- Clinical documentation regarding my mobility limitations.
- Technical specifications of the required specialized scooter.
- Documentation of my search for in-network alternatives.

I request that you review this claim for an "in-network exception" or "network gap exception" to ensure I receive the medically necessary equipment required for my health and independence. I look forward to your response within [Number of days, e.g., 30] days.

Sincerely,

[Your Signature]

[Your Printed Name]