

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

[Date]

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

RE: Second-Level Formal Appeal

Patient Name: [Patient Name]
Member ID: [ID Number]
Group Number: [Group Number]
Claim Number: [Claim Number]
Date of Service: [Date of Service]
Reference Number for Previous Denial: [Reference Number]

Dear Appeals Committee Members,

I am writing to formally request a second-level appeal regarding the continued denial of coverage for [Name of Procedure/Service/Medication]. This claim was initially denied on [Date of First Denial] and the decision was sustained following my first-level appeal on [Date of First Appeal Decision].

I strongly disagree with the previous decision to uphold this denial. The reason cited for the denial was [State reason from previous letter, e.g., lack of medical necessity]. However, the documentation provided by my healthcare provider, [Doctor's Name], demonstrates that this treatment is medically necessary and falls within the guidelines of standard clinical practice for my condition, [Diagnosis Name].

The following new information and clarifications are provided to address the concerns raised in the first-level appeal decision:

- [Insert new clinical evidence or research]
- [Explain why alternative treatments suggested by the insurer are inappropriate]
- [Detail the negative health consequences of delaying or being denied this specific care]

Enclosed, please find [List attachments, e.g., a secondary letter from your physician, updated medical records, peer-reviewed journal articles] that further support the medical necessity of this request.

I request that a different medical reviewer, ideally a specialist in [Medical Specialty], perform an independent review of this case. Please provide a written response within the timeframe mandated by my policy and applicable laws.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

Enclosures: [List of attached documents]