

[Your Name]
[Your Address]
[Your Phone Number]
[Your Email]

[Date]

[Appeals Department Name]
[Insurance Company Name]
[Insurance Company Address]

RE: Second-Level Formal Appeal
Patient Name: [Patient Name]
Policy Number: [Policy Number]
Group Number: [Group Number]
Claim Number: [Claim Number]
Date of Service: [Date of Service]

Dear Appeals Committee,

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

I am contesting this decision for the following reasons:

- [Reason 1: e.g., The service is medically necessary according to my physician's clinical assessment.]
- [Reason 2: e.g., The treatment is a covered benefit under Section X of my policy.]
- [Reason 3: e.g., New clinical evidence or peer-reviewed data is attached to support the efficacy of this treatment.]

The previous denial stated that [Reason given in the first appeal denial letter]. However, [Explain why the denial is incorrect or how you have met the criteria].

Please find the enclosed supporting documentation, including:

- A letter of medical necessity from my treating physician, [Physician Name].
- Relevant medical records and diagnostic test results.
- Peer-reviewed journal articles supporting this treatment.
- Copies of previous correspondence regarding this claim.

I request that a different medical reviewer, who was not involved in the initial or first-level denial, evaluate this case. I look forward to your timely response within [Number of Days, e.g., 30] days as per policy guidelines.

Sincerely,

[Your Signature]

[Your Printed Name]