

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

[Date]

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

RE: Second-Level Formal Appeal for [Patient Name]
Policy Number: [Policy Number]
Group Number: [Group Number]
Claim/Reference Number: [Reference Number from Denial Letter]
Date of Initial Denial: [Date]
Date of First-Level Appeal Denial: [Date]

Dear Appeals Committee,

I am writing to formally submit a second-level appeal regarding the sustained denial of coverage for [Name of Treatment/Procedure/Medication] prescribed by my physician, [Physician Name].

I disagree with the previous decision to uphold this denial based on the claim that the treatment is [mention reason given, e.g., not medically necessary / experimental]. This treatment is essential for my health and is the standard of care for my condition, [Name of Medical Condition].

The following points justify the necessity of this treatment:

- [Reason 1: Describe failure of alternative treatments previously tried]
- [Reason 2: Reference specific clinical guidelines or peer-reviewed literature]
- [Reason 3: Describe the risk of physical harm or deterioration if treatment is delayed]

Attached to this letter, you will find additional supporting documentation, including updated medical records, a letter of medical necessity from my specialist, and relevant clinical studies supporting the efficacy of this treatment.

I request that a board-certified specialist in [Medical Specialty] who was not involved in the initial or first-level denial review this case. I look forward to your timely response within [number of days, e.g., 30] days as required by law/policy.

Sincerely,

[Signature]

[Printed Name]

Enclosures:

Letter of Medical Necessity from Dr. [Physician Name]

Relevant Medical Records

Clinical Peer-Reviewed Articles