

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

[Date]

[Name of External Review Organization/State Insurance Board]
[Address]
[City, State, Zip Code]

RE: External Review Request for [Patient Name]
Insurance Company: [Name of Insurance Carrier]
Policy Number: [Your Policy Number]
Claim Number: [Claim/Reference Number]
Date of Denial Letter: [Date on the Denial Letter]

To Whom It May Concern,

I am writing to formally request an external review of a medical claim denial issued by [Insurance Company Name]. This denial was based on an Independent Medical Examination (IME) conducted by [Name of IME Physician] on [Date of Exam].

I am appealing this decision because the IME report does not accurately reflect my current medical condition, functional limitations, or the clinical evidence provided by my primary treating physicians. Specifically, I am contesting the denial based on the following grounds:

- **Inadequate Examination:** The IME physician spent only [Number] minutes with me, which was insufficient to conduct a thorough evaluation of my condition.
- **Conflict with Treating Physician:** My treating physician, [Doctor's Name], who has managed my care for [Duration], has determined that [Procedure/Treatment/Disability Status] is medically necessary based on longitudinal clinical data.
- **Omission of Records:** The IME report appears to have ignored critical diagnostic evidence, including [List specific MRI, X-ray, or Lab results].
- **Misinterpretation of Evidence:** The IME physician's conclusion that [Mention specific conclusion] is inconsistent with the physical symptoms and objective findings documented in my medical file.

Enclosed please find the following supporting documentation:

- A letter of medical necessity from my treating physician.
- Relevant medical records and diagnostic test results.
- A copy of the internal appeal denial letter from the insurance company.
- [Any other relevant evidence].

I request that a neutral third-party medical professional review these materials and overturn the previous denial. I look forward to your timely response regarding this matter.

Sincerely,

[Signature]

[Printed Name]