

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

[Date]

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

RE: External Review Appeal for Neurological Services

Patient Name: [Patient Name]
Claim Number: [Claim Number]
Policy Number: [Policy Number]
Date of Independent Medical Examination (IME): [Date of Exam]

To Whom It May Concern,

I am writing to formally appeal the denial of [coverage/treatment/benefits] based on the Independent Medical Examination (IME) conducted by Dr. [Doctor's Name] on [Date]. I am requesting an external review of this decision by an independent neurological specialist.

I disagree with the IME findings for the following reasons:

- **Incomplete Examination:** The IME physician spent only [Number] minutes on the evaluation, which is insufficient to assess complex neurological symptoms such as [List symptoms, e.g., neuropathy, cognitive deficit, motor weakness].
- **Conflict with Treating Physician:** My primary neurologist, Dr. [Name], who has treated me for [Time Period], has provided objective findings including [MRI/EMG/EEG results] that directly contradict the IME report.
- **Omission of Medical History:** The IME report failed to consider [Specific previous injury or diagnosis] which is critical to my current neurological status.
- **Functional Impact:** The report underestimates my physical limitations regarding [List daily activities], which have been documented in my clinical records.

Attached are the following supporting documents:

- A letter of medical necessity from my treating neurologist.
- Recent diagnostic test results (dated [Date]).
- A personal statement regarding my daily symptom progression.

I request that an independent board-certified neurologist review my complete medical file and the original IME report to provide an unbiased determination. I look forward to your response within the timeframe required by law.

Sincerely,

[Your Signature]

[Your Printed Name]