

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

[Date]

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

**RE: Formal External Review Request**

**Patient Name:** [Your Name]

**Insurance Member ID:** [Member ID Number]

**Claim/Reference Number:** [Reference Number]

**Date of Adverse Determination:** [Date on Denial Letter]

Dear External Review Committee,

I am writing to formally request an external review of the decision made by [Insurance Company Name] to deny coverage for [Name of Treatment/Procedure/Service]. This appeal is based on the fact that the Independent Medical Examination (IME) used to justify the denial was inadequate, flawed, and did not accurately reflect my clinical status.

I am contesting the IME assessment for the following reasons:

- **Incomplete Evaluation:** The IME physician spent only [Number] minutes with me, which was insufficient to conduct a thorough physical examination or understand the complexity of my condition.
- **Omission of Medical History:** The examiner failed to review or acknowledge significant portions of my medical records, specifically [mention specific reports or tests].
- **Specialty Mismatch:** The IME physician specializes in [Physician's Specialty], which is not the appropriate field of expertise for treating [Your Condition]. This contrasts with the opinion of my treating specialist, who is an expert in this field.
- **Conflict with Clinical Evidence:** The IME report contradicts objective findings from [List MRIs, X-rays, or Lab Results] that clearly demonstrate the medical necessity of the requested service.

Enclosed are supporting documents, including a rebuttal letter from my treating physician, [Doctor's Name], and copies of the medical records that were overlooked during the initial IME.

I request that you overturn the previous denial and authorize the necessary medical care as recommended by my primary healthcare providers. Thank you for your time and fair consideration of this appeal.

Sincerely,

[Your Signature]

[Your Printed Name]

**Enclosures:** [List documents attached, e.g., Physician Letter, Medical Records, Test Results]