

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

[Date]

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

RE: External Review Request for [Name of Patient]  
Health Plan Name: [Insurance Company Name]  
Member ID: [ID Number]  
Claim/Reference Number: [Reference Number]

To the External Review Committee,

I am writing to formally request an external review regarding the denial of coverage for [Name of Procedure/Service]. This appeal is based on significant factual errors contained within the Independent Medical Examination (IME) report dated [Date of Report], conducted by Dr. [Doctor's Name].

The denial issued by [Insurance Company Name] relies heavily on an IME report that contains the following documented inaccuracies:

- **Factual Error 1:** [Describe error, e.g., The report states I have no history of surgery, however, I had spinal surgery in 2018].
- **Factual Error 2:** [Describe error, e.g., The physician noted a normal range of motion for my right knee, but the physical exam only assessed the left knee].
- **Factual Error 3:** [Describe error, e.g., The report incorrectly lists my current medication as X when it is actually Y].

These errors demonstrate that the examining physician did not accurately review my medical history or conduct a thorough physical assessment. Consequently, the medical necessity determination based on this flawed report is invalid.

I have attached the following supporting documentation to prove these factual errors:

- Corrected medical records from my primary treating physician, Dr. [Doctor's Name].
- Diagnostic imaging/Test results dated [Date].
- [Any other relevant documentation].

I request that the External Review Organization overturn the previous denial and approve the requested services based on a correct and factual representation of my medical condition.

Thank you for your time and objective review of this matter.

Sincerely,

[Your Signature]

[Your Printed Name]