

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

[Date]

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

RE: External Review Appeal for Psychiatric Services

Patient Name: [Patient Name]

Member ID: [ID Number]

Claim/Reference Number: [Reference Number]

Date of Adverse Determination: [Date on Denial Letter]

To Whom It May Concern,

I am writing to formally appeal the denial of coverage for [Specific Treatment/Service/Medication] based on the Independent Medical Examination (IME) report dated [Date of IME]. I am requesting an External Review by an independent third party.

I disagree with the IME physician's findings for the following reasons:

- **Incomplete Evaluation:** The IME physician only spent [Number] minutes with me, which was insufficient to assess a complex psychiatric condition.
- **Conflicting Clinical Evidence:** The IME report contradicts the long-term clinical findings of my treating psychiatrist, [Doctor Name], who has managed my care for [Duration].
- **Omission of Records:** The IME physician failed to consider [Specific Medical Records/Test Results] which demonstrate the medical necessity of this treatment.
- **Functional Impairment:** Contrary to the IME findings, my psychiatric symptoms continue to significantly impair my ability to perform [Specific Daily Activities/Work Tasks].

Attached please find a letter of medical necessity from my treating provider, updated clinical notes, and documentation regarding my ongoing symptoms and functional limitations.

I request that the external review organization review the entirety of my medical file, giving appropriate weight to the specialized expertise of my treating mental health professionals over the one-time assessment performed during the IME.

I look forward to your timely response regarding this external appeal.

Sincerely,

[Your Signature]

[Your Printed Name]

Enclosures:

Letter from Treating Psychiatrist

Relevant Medical Records

Copy of Original Denial Letter