

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

[Date]

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

RE: External Review Appeal for [Patient Name]
Claim Number: [Claim Number]
Reference Number: [Reference Number]
Date of Adverse Benefit Determination: [Date]

To Whom It May Concern,

I am writing to formally request an external review of the denial of coverage for [Specific Treatment/Service]. I am appealing this decision on the grounds that the physician who performed the Independent Medical Examination (IME), [Doctor's Name], lacks the necessary qualifications, specialty expertise, and clinical experience to accurately assess my medical condition.

Specifically, my appeal is based on the following points:

1. Lack of Specialty Alignment: My condition, [Name of Condition], requires specialized knowledge in [Required Specialty]. The IME examiner is board-certified in [Examiner's Specialty], which is unrelated to the treatment in question.
2. Lack of Clinical Experience: The examiner does not currently treat patients with my specific diagnosis and is therefore unfamiliar with the current standards of care and clinical protocols for [Name of Treatment].
3. Disregard of Treating Physician's Expertise: The IME report contradicts the findings of my primary treating physician, [Treating Physician's Name], who is a specialist in [Specialty] and has monitored my condition for [Time Period].
4. Regulatory Non-Compliance: [Optional: Cite specific state or federal regulations requiring examiners to be of a similar specialty].

Enclosed please find my medical records, the curriculum vitae of the IME examiner (if available), and a letter of medical necessity from my treating physician detailing why the IME examiner's conclusion is clinically unsound.

I request that a new review be conducted by a qualified independent physician who practices in the same specialty as my treating doctor. Thank you for your time and objective consideration of this appeal.

Sincerely,

[Your Signature]

[Your Printed Name]