

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

[Date]

[Insurance Commissioner/External Review Board Name]  
[Department/Agency Name]  
[Address]  
[City, State, Zip Code]

**RE: Formal Request for External Review of Adverse Benefit Determination**

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

To Whom It May Concern,

I am writing to formally request an independent external review regarding the denial of coverage for [Medical Treatment/Service] following an Independent Medical Examination (IME) conducted by [Name of IME Physician] on behalf of [Name of Insurance Company].

I have exhausted all internal appeal processes provided by [Name of Insurance Company]. The insurance company's decision to deny coverage based on the IME report is, I believe, incorrect for the following reasons:

- The IME report contradicts the long-term clinical findings and diagnosis of my primary treating physician, [Name of Treating Physician].
- The IME physician spent insufficient time ([Number] minutes) conducting the physical examination to reach an accurate conclusion.
- The IME report fails to account for specific medical records and diagnostic tests provided, specifically [List Specific Tests/Reports].
- The IME physician's findings do not accurately reflect my current functional limitations and pain levels resulting from the injury sustained on [Date of Injury].

Enclosed please find the following supporting documentation:

- Copies of medical records from my treating physician.
- Relevant imaging and lab results.
- The final internal appeal denial letter from the insurance company.

- A written statement from my treating physician addressing the discrepancies in the IME report.

I request that an independent medical professional review my complete medical history and current condition to overturn the insurance company's denial. Please notify me of the timeline for this review and if any additional information is required.

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

Sincerely,

[Your Signature]

[Your Printed Name]