

[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 Appeal for [Patient Name]
Insurance Provider: [Insurance Company Name]
Member ID: [Your Member ID Number]
Claim/Reference Number: [Reference Number from Denial Letter]

To Whom It May Concern,

I am writing to formally request an external review of the denial of 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 conducted without access to my complete medical records.

The denial letter dated [Date of Denial] states that the reviewer determined the requested service was not medically necessary. However, the IME report indicates that the following essential medical records were not provided to the examining physician:

- [Specific Record 1, e.g., MRI Report from Date]
- [Specific Record 2, e.g., Surgical Notes from Doctor Name]
- [Specific Record 3, e.g., Physical Therapy Progress Notes]

Because these records contain critical information regarding my diagnosis and previous treatment history, the IME physician's conclusion is based on an incomplete and inaccurate assessment of my clinical condition. An objective determination cannot be made when the reviewer is denied access to the full scope of the medical evidence.

Enclosed with this letter, please find the missing records mentioned above, along with a supporting statement from my treating physician, [Doctor's Name], explaining why these documents are vital to understanding the necessity of the requested care.

I request that an independent reviewer perform a full de novo review of my case, ensuring that all provided medical documentation is thoroughly evaluated. Thank you for your time and consideration of this appeal.

Sincerely,

[Your Signature]

[Your Printed Name]