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

[Date]

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

RE: Formal Appeal for Out-of-Network Specialist Consultation
Member Name: [Patient Name]
Member ID: [ID Number]
Claim/Reference Number: [Reference Number, if applicable]

Dear Appeals Department,

I am writing to formally appeal the denial of coverage for a consultation with [Specialist Name], an out-of-network provider specializing in [Specific Medical Specialty]. I am requesting a "Network Gap Exception" or "In-Plan Exception" to allow this consultation to be covered at the in-network benefit level.

This request is based on medical necessity. I suffer from [Diagnosis/Condition], which is a complex condition requiring a high level of specialized expertise. After reviewing the current provider directory, I have found that there are no in-network specialists within a reasonable geographic distance who possess the necessary expertise to treat my specific condition.

The reasons for this exception include:

- **Expertise:** [Specialist Name] has unique experience in [Specific Treatment/Procedure] that is not available from in-network providers.
- **Continuity of Care:** [Briefly mention if you have a prior history with this doctor or if they were specifically referred by your primary doctor].
- **Network Inadequacy:** There are no in-network providers specializing in [Condition] within [Number] miles of my home.

Attached you will find a letter of medical necessity from my primary care physician, [PCP Name], as well as medical records supporting the need for this specific consultation.

I look forward to your timely response regarding this appeal. Please notify me of your decision in writing within the timeframe required by my policy.

Sincerely,

[Your Signature]
[Your Printed Name]