URGENT: EXPEDITED APPEAL REQUESTED
Clinical Urgency: Life or Health at Risk

[Your Name]
[Your Address]
[City, State, Zip Code]
[Phone Number]
[Member ID Number]
[Group Number]

[Date]

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

RE: Notice of Denial for [Name of Surgical Procedure]
Reference/Claim Number: [Claim Number]
Date of Denial: [Date on Denial Letter]

To the Appeals Committee,

I am writing to formally request an **expedited appeal** regarding the denial of coverage for [Name of Procedure], scheduled for [Date] with [Surgeon Name] at [Hospital/Facility Name]. This procedure was denied on the grounds that it is "not a covered benefit" or "investigational."

I am requesting an **expedited 72-hour review** because my healthcare provider has determined that following the standard appeal timeframe could seriously jeopardize my life, health, or ability to regain maximum function. Please find the attached statement from my physician confirming the medical necessity and urgency of this exception.

Reason for Exception Request:

- **Medical Necessity:** Standard covered treatments have been exhausted or are contraindicated for my condition. [Briefly list failed treatments].
- **Standard of Care:** Clinical evidence and peer-reviewed data (attached) demonstrate that this procedure is the established standard of care for my specific diagnosis: [Diagnosis Code/Name].
- **Clinical Benefit:** Without this surgery, I face the following immediate risks: [Briefly list risks like permanent damage or severe pain].

I request that [Insurance Company Name] grant a benefit exception for this procedure. Please ensure this appeal is reviewed by a board-certified specialist in [Medical Specialty].

I have attached supporting documentation, including medical records, a Letter of Medical Necessity from my surgeon, and relevant clinical studies.

Please contact me immediately at [Phone Number] or my physician at [Physician Phone Number] with your decision.

Sincerely,

[Signature]

[Printed Name]

Attachments:
1. Physician Letter of Medical Necessity
2. Urgent/Expedited Review Certification
3. Relevant Medical Records/Test Results
4. Peer-Reviewed Clinical Documentation