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

[Date]

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

RE: URGENT EXPEDITED APPEAL FOR EXCEPTION
Patient Name: [Patient Name]
Member ID Number: [Member ID]
Claim/Reference Number: [Reference Number]
Service Requested: Outpatient Rehabilitation ([PT/OT/ST])

To Whom It May Concern,

I am writing to formally request an **Urgent Expedited Appeal** regarding the denial of coverage for outpatient rehabilitation services at [Facility Name]. I am requesting a medical necessity exception to policy [Policy Number/Name].

The denial stated that these services are "non-covered." However, due to my current medical condition, [Medical Diagnosis], these services are not elective. My physician, Dr. [Doctor's Name], has determined that these treatments are medically necessary to prevent [mention risk: e.g., permanent loss of function, surgery, or hospitalization].

Clinical Justification:
[Briefly describe why standard options failed or why this specific facility/treatment is required for your recovery].

Standard appeal timelines would significantly jeopardize my physical health and recovery trajectory. Therefore, I am requesting that this appeal be processed within 72 hours.

Attached you will find a Letter of Medical Necessity from my provider and relevant clinical records supporting this request. I look forward to your immediate response regarding this exception.

Sincerely,

[Your Signature]
[Your Printed Name]

Enclosures:
Letter of Medical Necessity from Dr. [Doctor's Name]
Relevant Medical Records