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

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

RE: Formal Appeal for Denial of Preventative Screening
Member Name: [Your Name]
Member ID: [Your ID Number]
Claim Number: [Claim Number]
Date of Service: [Date of Procedure]

To the Appeals Department,

I am writing to formally appeal the denial of coverage for the preventative screening performed on [Date] by [Doctor's Name]. The claim was denied on the basis that the service is [mention reason for denial, e.g., "not covered" or "not medically necessary"].

I am requesting a secondary review and an exception for coverage based on the following reason(s):

- **Preventative Mandate:** Under the Affordable Care Act (ACA), preventative screenings are required to be covered at no cost sharing.
- **Medical Necessity:** This screening was recommended by my physician due to [personal medical history/family history/high-risk factors].
- **Coding Correction:** I believe the service was intended to be billed as a preventative screening rather than a diagnostic procedure.

Attached you will find a letter of medical necessity from my healthcare provider, as well as relevant clinical documentation supporting the need for this screening.

I request that you reconsider this claim and process it as a covered preventative service. I look forward to your written response within the timeframe required by law.

Sincerely,

[Your Signature]

[Your Printed Name]