

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

[Date]

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

RE: Appeal for Retroactive Authorization

Patient Name: [Patient Name]
Member ID Number: [ID Number]
Claim Number: [Claim Number]
Date of Service: [Date of Emergency]

Dear Appeals Committee,

I am writing to formally appeal the denial of coverage for services provided on [Date of Service] at [Facility Name]. It is my understanding that the claim was denied due to a lack of prior authorization. I am requesting a retroactive authorization based on the fact that these services were the result of a life-threatening medical emergency.

On the date mentioned above, I experienced [Briefly describe the emergency, e.g., sudden chest pain, severe trauma, loss of consciousness]. Due to the acute and unstable nature of my condition, immediate medical intervention was required to prevent [serious jeopardy to health/impairment of bodily functions]. In such a crisis, it was not medically possible or safe to delay treatment to seek prior administrative approval.

Attached you will find the emergency room records, physician notes, and [List any other supporting documents, e.g., ambulance report] which confirm that this was an unplanned emergency intervention. According to the Emergency Medical Treatment and Labor Act (EMTALA) and standard industry "Prudent Layperson" standards, emergency services should be covered regardless of prior authorization.

I request that you review the attached clinical documentation and grant a retroactive authorization for these necessary services. Please reprocess this claim for payment as an in-network emergency benefit.

Thank you for your time and reconsideration of this matter. I look forward to your written response within [Number] days.

Sincerely,

[Your Signature]
[Your Printed Name]

Enclosures: [List attached medical records]