

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

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

RE: Retroactive Authorization Request Appeal

Patient Name: [Patient Name]
Member ID: [Member ID Number]
Claim Number (if applicable): [Claim Number]
Date of Service: [Date of Service]
Authorization Reference Number: [Reference Number, if any]

Dear Appeals Committee,

I am writing to formally appeal the denial of authorization for the services provided on [Date of Service]. This request for retroactive authorization is being submitted due to an unavoidable administrative delay in the initial submission process.

The delay was caused by [choose one or describe: an internal system outage / unexpected staffing shortage / administrative oversight / incorrect insurance information provided at the time of service]. Despite this administrative setback, the services rendered were medically necessary and met all clinical criteria for coverage.

Attached to this letter, please find the following documentation to support this appeal:

- Clinical notes documenting medical necessity.
- Evidence of the administrative error or system log showing the delay.
- [List any other supporting documents].

We have taken corrective actions to ensure that future authorization requests are submitted within the required timeframes. We kindly request that you grant a one-time administrative exception for this claim based on the medical necessity of the treatment provided to the member.

Thank you for your time and consideration of this appeal. Please contact me at [Phone Number] or [Email Address] if you require further information.

Sincerely,

[Your Signature]
[Your Printed Name and Title]