

[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: [Member ID]
Group Number: [Group Number]
Claim Number: [Claim Number (if applicable)]
Date of Service: [Date of Service]

To Whom It May Concern,

I am writing to formally appeal the denial of coverage for the medical services provided on [Date of Service] at [Facility/Provider Name]. The denial was based on a lack of prior authorization. I am requesting a retroactive authorization due to a technical outage of your patient/provider insurance portal at the time the authorization was required.

On [Date/Time], attempts were made to submit the authorization request through the online portal. However, the portal was inaccessible due to [describe error, e.g., system downtime, server error, or maintenance]. Documentation of this outage is [attached/available upon request], including [mention screenshots or error logs if you have them].

Because the portal was non-functional and the medical service was [medically necessary / urgent], the procedure moved forward to ensure proper patient care. Had the portal been operational, the authorization would have been submitted according to standard protocol.

I have attached the medical records and a letter of medical necessity from my physician to support this claim. Given the technical failure on the part of the insurance platform, I ask that you grant a retroactive authorization and process this claim for payment.

Thank you for your prompt attention to this matter. I look forward to your written response within [Number] days.

Sincerely,

[Your Signature]

[Your Printed Name]

Enclosures:

- Evidence of Portal Outage (Screenshots)
- Letter of Medical Necessity
- Medical Records for Date of Service