

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

Dear Appeals Committee,

I am writing to formally appeal the denial of coverage for [Service/Procedure Name] performed on [Date]. I am requesting a retroactive authorization based on the fact that I was provided with incorrect benefit information prior to the service.

Before proceeding with treatment, I contacted [Insurance Company Name] on [Date of Phone Call] at [Time] to verify coverage. I spoke with a representative named [Representative Name, if known] who explicitly stated that [Service/Procedure] was a covered benefit and that no prior authorization was required. Based on this professional confirmation, I moved forward with the necessary medical care.

The subsequent denial for "lack of prior authorization" contradicts the information provided to me by your staff. Had I been informed correctly that an authorization was necessary, I would have ensured the provider submitted the required paperwork beforehand.

Attached you will find [List any documents, such as call logs, notes from the representative, or a letter from the doctor explaining medical necessity].

I request that you review the recorded call from the date mentioned above and grant a retroactive authorization for these services. I followed all instructions provided by your member services department and should not be held financially responsible for a clerical error or misinformation provided by the insurer.

Thank you for your prompt attention to this matter. I look forward to your response within [Number of Days, e.g., 30] days.

Sincerely,

[Your Signature]

[Your Printed Name]