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

[Date]

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

RE: Letter of Appeal for Missing Clinical Documentation

Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Member ID: [ID Number]
Claim Number: [Claim Number]
Date of Service: [Date of Service]

To Whom It May Concern,

I am writing to formally appeal the denial of the aforementioned claim. The reason provided for the denial was a lack of sufficient clinical documentation to support the medical necessity of the services rendered.

Enclosed with this letter, please find the additional clinical records required to complete the file. This documentation includes:

- [List Document 1, e.g., Physician Progress Notes]
- [List Document 2, e.g., Diagnostic Test Results]
- [List Document 3, e.g., Treatment Plan]

These records demonstrate that the services provided were medically necessary and met all clinical guidelines for [Diagnosis/Condition]. The missing information was omitted due to an administrative oversight, and we believe this complete submission clarifies the clinical intent and justification for the treatment.

Please re-evaluate this claim in light of the attached information. If any further documentation is required, please contact me directly at [Phone Number].

Thank you for your time and reconsideration of this matter.

Sincerely,

[Your Signature]
[Your Printed Name and Title]

Enclosures: [List attached documents]