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

[Date]

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

RE: Letter of Appeal for Denial of Claim
Patient Name: [Patient Name]
Member ID Number: [Member ID Number]
Claim Number: [Claim Number]
Date of Service: [Date of Service]

Dear Appeals Department,

I am writing to formally appeal the denial of coverage for the following services: [List Specific Procedure Names and CPT Codes]. The claim was denied on the basis that these services were "bundled" or considered incidental to another procedure performed on the same day.

I am requesting a formal review of this decision because these services were distinct, medically necessary, and required separate clinical effort. [Provide a brief explanation of why the services were separate, e.g., "The procedures were performed on different anatomical sites" or "The secondary procedure was not a routine component of the primary surgery"].

Attached you will find supporting documentation, including:

- A letter of medical necessity from my healthcare provider.
- Relevant operative reports and clinical notes.
- [List any other supporting documents, such as peer-reviewed literature].

Based on this information, I request that you re-evaluate the claim and provide separate reimbursement for each service performed. If the denial is upheld, please provide a detailed explanation citing the specific coding guidelines (such as NCCI edits) used to justify the bundling.

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

Sincerely,

[Your Signature]
[Your Printed Name]