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

[Date]

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

**RE: Notice of Appeal for [Patient Name]**
**Member ID:** [Member ID Number]
**Group Number:** [Group Number]
**Claim/Reference Number:** [Reference Number from Denial Letter]
**Procedure Name:** [Name of Procedure]

To Whom It May Concern,

I am writing to formally appeal the denial of coverage for [Name of Procedure] which was requested by my physician, [Physician Name]. The denial letter dated [Date of Denial] states that this procedure was denied because it is considered experimental, investigational, or unproven.

I am requesting a reversal of this decision based on the following reasons:

- **Medical Necessity:** My physician has determined that this procedure is medically necessary for my condition ([Diagnosis Name]) because conventional treatments, including [List Previous Treatments], have failed to provide relief.
- **Peer-Reviewed Evidence:** Attached you will find several peer-reviewed clinical studies and articles from medical journals that demonstrate the efficacy and safety of this procedure for patients with my specific condition.
- **Expert Recommendation:** [Physician Name], a specialist in [Specialty], has provided a letter of support (attached) outlining why this specific treatment is the standard of care for my clinical situation.
- **FDA Approval/Clinical Guidelines:** [Note if the device/drug is FDA approved or if the procedure is recognized by professional medical societies such as the American Medical Association].

Please review my case and the attached documentation. If you require further information, please contact my doctor's office at [Physician Phone Number] or reach me directly at [Your Phone Number].

I look forward to your written response within the timeframe required by my policy.

Sincerely,

[Your Signature]

[Your Printed Name]

**Enclosures:**
- Letter of Medical Necessity from [Physician Name]
- Clinical studies and medical literature regarding [Procedure Name]
- Copy of the original denial letter