

[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 Denial of [Medication Name]

Patient Name: [Patient Full Name]

Policy Number: [Policy Number]

Group Number: [Group Number]

Claim/Reference Number: [Reference Number from Denial Letter]

Dear Appeals Committee,

I am writing to formally appeal the denial of coverage for [Medication Name], which was prescribed by my oncologist, Dr. [Doctor Name], for the treatment of [Specific Type of Cancer]. This medication was denied on the grounds that it is considered "off-label" or "investigational" for my specific diagnosis.

My physician has determined that this treatment is medically necessary because [briefly state reason, e.g., standard treatments have failed, or recent clinical trials show benefit]. Although the FDA has not specifically approved this drug for [Diagnosis], there is significant clinical evidence supporting its use in this context.

Attached to this letter, please find the following supporting documentation:

- A letter of medical necessity from Dr. [Doctor Name] detailing my clinical history.
- Relevant pathology reports and imaging results.
- Peer-reviewed journal articles and clinical trial data demonstrating the efficacy of [Medication Name] for this condition.
- References from the NCCN (National Comprehensive Cancer Network) Guidelines or other recognized compendia.

In oncology, off-label use is a standard of care when established therapies are insufficient. Given the nature of my illness, time is of the essence. I request an expedited review of this appeal and a reconsideration of the coverage for this life-prolonging treatment.

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

Sincerely,

[Your Signature]

[Your Printed Name]