[Date]

[Member Name]
[Address Line 1]
[City, State, Zip Code]

RE: Acknowledgment of Expedited Appeal Request

Member Name: [Member Name]

Claim Number: [Claim Number]

Case Reference Number: [Reference Number]

Dear [Member Name],

This letter is to confirm that we received your request for an expedited appeal on [Date of Receipt]. You or your provider requested an urgent review regarding [Description of Service/Treatment].

We have determined that your request meets the criteria for an expedited appeal. This means that a decision will be made as quickly as your health condition requires. You will receive a final determination within [Number of Hours, e.g., 72 hours] of our receipt of this request.

Our clinical team is currently reviewing the medical documentation provided. If we require additional information from your healthcare provider, we will contact them immediately to ensure a timely decision.

You have the right to submit additional written comments, documents, or evidence to support your appeal. Please send these materials immediately via fax to [Fax Number] or via email to [Email Address] to ensure they are considered during this urgent review.

We will notify both you and your provider of our decision by telephone, followed by a formal written notice sent via mail.

If you have any questions, please contact our Appeals Department at [Phone Number].

Sincerely,

[Name/Signature]
[Title]
[Organization Name]