

_____ [[Your Name]
_____ [[Your Address]
_____ [[City, State, ZIP]
_____ [[Email Address]
_____ [[Phone Number]
_____ [[Date]
_____ [[Insurance Company's Name]
_____ [[Claims Review Department]
_____ [[Address]
_____ [[City, State, ZIP]

Re: Formal Appeal of Denial for Claim # _____ [[Claim Number]

Policy Holder: _____ [[Your Full Name]

Policy Number: _____ [[Your Policy Number]

Date of Service: _____ [[Date of Medical Service]

Provider: _____ [[Name of Medical Provider]

Amount Claimed: _____ [Amount in Dollars]

To Whom It May Concern,

I am writing to formally contest the denial of my claim referenced above, pursuant to Section 2719 of the Public Health Service Act, as incorporated into the Employee Retirement Income Security Act (ERISA) and the Internal Revenue Code. The denial letter dated _____ [Date of Denial] failed to provide a legally sound rationale for the denial of coverage for _____ [Specific Medical Service or Treatment].

Grounds for Appeal

Medical Necessity: The treatment in question is medically necessary as per the diagnosis and recommendation of _____ [Name of Medical Provider]. Attached herewith are pertinent medical records and diagnostic tests substantiating this claim.

Policy Provisions: According to Section _____
of my policy, my specific medical treatment: _____
is a covered service. I have attached excerpts from the policy for your reference.

Supporting Documentation

Enclosed are the following documents to substantiate the grounds for this appeal:

- Detailed Medical Records
- Diagnostic Test Results
- Itemized Bills and Invoices
- Prior Correspondence with Healthcare Providers
- Request for Expedited Review

Given the medical urgency of this situation, I request an expedited review of this appeal. Failure to address this in a timely manner could result in severe health consequences, thereby increasing the liability of _____ [Insurance Company's Name].

Next Steps

I expect a written acknowledgment of the receipt of this appeal within five (5) business days, as well as a comprehensive response within the standard 30-day timeframe as stipulated by Section 2719 of the Public Health Service Act.

Failure to adequately address this appeal may compel me to seek further legal remedies available under federal law.

Thank you for your immediate attention to this critical matter.

Sincerely,

[Your Full Name]

[Your Signature, if sending via postal mail]