**Appeals Letter Template**

[Physician practice letterhead]

[Contact name] Re: [Insured patient name]

[Insurance company] [Patient date of birth]

[Insurance company street address] Policy number: [policy number]

[Insurance company city, state, ZIP] Group number: [group number]

[Date]

Subject: Coverage for [drug name]

Dear [contact name],

I am writing on behalf of [patient name] to appeal the denial of coverage for [drug name]. In a letter dated [date of denial letter], [insurance company name] stated that [drug name] is not covered because [reason(s) for denial]. I have reviewed your letter, and based on my medical expertise, ask that you reconsider this decision. Based on a clinical assessment of my patient, I believe [drug name] is medically necessary for my patient and request that you reconsider this coverage decision.

[Drug name] was approved by the FDA on [approval date] for patients with [diagnosis]. It has been clinically proven to [benefits of product] in these patients. [Drug name] is medically necessary for [patient name] because [rationale for initiating treatment].

I have enclosed additional documentation that further supports treatment with [drug name] and should address the concerns laid out in the denial letter. Based upon the additional documentation submitted, I ask that you consider reversing the previous denial of [drug name]. I can be reached at [physician phone number] or [physician email address] if additional information is required for approval of this request.

Thank you for your attention to this very important matter.

Sincerely,

[Physician name]

[Practice name]

[Practice address]

**Enclosures** (suggested):

[Drug name] FDA approval letter

[Drug name] Prescribing Information

Original denial letter

Relevant medical records