SAMPLE APPEAL LETTER FOR DENIAL OF EXPERIMENTAL TREATMENT

Situation: Your insurer turned down coverage for a treatment, saying it's considered experimental.

[Your name, address, and policy number]

[Date]

[Contact information for your health insurer's appeals department]

To whom it may concern:

I am appealing your company's decision to deny payment for the procedure I had on [Month Date, Year], which was performed by one of your contracted providers, [Provider's Name].

Upon receiving the Explanation of Benefits statement on [Denial Date], I called your customer service number and was given [Reason for Denial] as the reason for my insurance claim's denial. But although the procedure is new, my doctor assured me that [Procedure or Goods Rendered] is a safer and less-expensive treatment than any available alternative.

Included in this appeal is:

- A letter from [Provider's Name] explaining why [he/she/they] chose this treatment. [He/She/They] cites several publications establishing it as the current accepted procedure.
- [If true:] A copy of my file with your company, where it appears you authorized the [Procedure or Goods Rendered] [Provider's Name] chose on [Service Date].

Please review this appeal and let me know if you need anything else to consider this request. I look forward to hearing from you directly as soon as possible.

Sincerely,

[Your name]

[Your address and phone number]