

## **SAMPLE APPEAL LETTER FOR A 'NOT MEDICALLY NECESSARY' DENIAL**

**Situation:** A medical provider billed you for a denied claim. You asked how much it would cost before receiving the service and the doctor who is contracted by the plan told you the plan would cover it after a copay.

[Your name, address, policy number]

[Date]

[Contact information for your insurer's appeals department]

To whom it may concern:

I'm appealing your company's decision to deny payment to [Provider's Name] for the [Service / Goods Rendered] I received on [date/month/year] – [Claim Number]. The reason listed on the denial is "not medically necessary."

Before I had the procedure, I asked the contracted provider [Provider's Name]'s office, how much would I have to pay out of pocket. His office said I would be responsible for only a [\$X] co-pay.

Attached you'll find the letter from my doctor describing:

- Why [he/she/they] found the procedure medically necessary.
- The chart notes from my office visit.
- The recommendation of why I should have this procedure.
- A recent article explaining that [Service / Goods Rendered] for situations like mine [Your Medical Situation] are standard-practice.

Please let me know if you need any other information to review my case. I look forward to rectifying this outstanding bill in a timely manner.

Sincerely,

[Your name]

[Your phone number]