[Date]

[Insurance Company Name]

[Appeals and Grievances Department]

[Address]

[City, State Zip]

RE: [Your Name]

[Member ID #]

[Reference # on Explanation of Benefits]

[Your Date of Birth]

To Whom it May Concern at [Insurance Company Name]:

My name is [patient] and I am a policyholder of [insurance company]. I wish to file an appeal concerning [insurance company name’s] denial of a claim for [therapy]. I received an Explanation of Benefits dated [provide date] stating [provide denial reason directly from letter].

As is evident from my previous medical claims, I am diagnosed with metastatic pheochromocytoma on [date]. Unfortunately, there is significant impact to my daily life as evidenced by [explain symptoms]. I am currently under the care of [doctor name] at [facility name]. In the Letter of Medical Necessity I attached, he/she outlined why [this therapy] is clinically beneficial for me. He/she states, “[provide statement from letter that supports treatment].” Please consult his/her letter for more significant medical history.

In addition, this therapy is listed as primary treatment for metastatic disease as outlined in the most recent [NCCN Guidelines](https://www.nccn.org/guidelines/guidelines-detail?category=1&id=1448). Please thoroughly review the provided documents and guidelines and reconsider the previous adverse decision to allow coverage of [therapy], as this therapy is necessary to my health. Should there be additional supporting information you require to render a positive decision, please do not hesitate to contact me at [your phone number] or my physician at [doctor’s phone number].

Thank you for your attention to this matter. Your prompt consideration regarding this appeal is appreciated.

Respectfully Yours,

[Your Name]

[Your Address]

CC: [Name of Treating Doctor]

Enclosures:

1. Explanation of Benefits document dated [date]

2. Doctor’s Letter of Medical Necessity

3. Medical Records

4. Documentation explaining procedure and its efficacy

5. Supportive Journal Articles

[Make copies of everything you send with your appeal for your records. If you are sending your appeal by mail, ensure you send it with tracking. If faxing, be certain to verify successful transmission of the fax.]