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APPEAL LETTER TEMPLATE

Use this to organize an insurance appeal. Follow the plan's appeal instructions and deadlines, and attach only records relevant to the request.

Member / patient:

Member ID:

Claim / reference #:

Denial date:

Service / medication / item being appealed:

Why I am appealing

Supporting facts

What I am requesting

Attachments

- ☐ Denial / EOB
- ☐ Relevant medical records or clinician letter
- ☐ Plan policy / coverage language
- ☐ Other supporting documents

Privacy reminder: This worksheet may contain private health information. Store it securely and share it only as appropriate.

USE YOUR FACTS

APPEAL LETTER DRAFT

To: [Plan / Appeals Department]

Re: [Member name, Member ID, Claim or Reference Number]

I am requesting reconsideration of the decision regarding [service / medication / item]. The decision dated [date] states [brief reason]. I am asking that the plan review the decision based on the following information: [facts].

Supporting documents attached: [list]. Please confirm receipt and provide the next steps, applicable deadline, and written determination.

Sincerely,

[Name]

[Contact information]

My draft / edits

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