

[Insert Date]

[Insert Name]

[Insert Company Name/Plan]

[Insert Address]

Re: [Insert Patient's Name, Patient's Insurer, Patient's ID Number and Patient's Group Number]

Dear [Name of contact at health insurance plan]:

I am writing to appeal the decision by [insurance plan name] to deny coverage for [specific type of treatment service denied]. It is my understanding based on your letter of denial dated [insert date of denial] that this [treatment or service] has been denied because:

[Quote the specific reason given in the denial letter].

I have been a member of your plan since [date]. My [insert name of clinician] believes that the best care for me at this time would be [insert treatment or service here]. I have enclosed a letter from [name of clinician] explaining why they recommend [treatment or service] and their qualifications. I am entitled to this service under federal mental health and addiction parity laws.

Should you require additional information, please do not hesitate to contact me at [telephone number]. I look forward to hearing from you in the near future.

Sincerely,

[Insert your name]

cc: [insert patient's name]

[insert State Insurance Commissioner's Name]

[insert your Member of Congress' name]

Enclosure: [Clinical guidelines where appropriate]