



SAMPLE APPEAL LETTERS

FIRST LEVEL APPEAL

Your Name
Address
City State Zip
Phone numbers
Email address

DATE

HEALTH PLAN NAME
ATTN: GRIEVANCE AND APPEALS DEPARTMENT
ADDRESS
CITY STATE ZIP

RE: First Level Appeal of Denial of Medically Necessary Treatment
Claim number:
Member/Subscriber Name:
Member/Subscriber No.: Group no.:

Dear Grievance and Appeals Manager:

I am writing to appeal the health plan's denial of medically necessary treatment prescribed by my physician, Dr. _____. My physician prescribed (treatment/test/x-ray/drug/durable medical equipment) in order to treat (condition). This course of treatment is prudent and necessary in order to improve, and ultimately maintain my health. In the absence of the medically necessary care prescribed by my doctor, my condition will worsen and irrevocably compromise my health.

Please reconsider your position and allow my doctor to treat me in accordance with my medical needs and not based on the economics of the health plan. The treatment and/or services prescribed are covered under my plan. The alternate treatment authorized by the health plan is unacceptable to manage my care. My physician made the correct medical assessment of my needs and my health plan should not interfere with my care as a cost containment measure.

I also ask that my legislative representatives and regulator, copied below, will help me obtain the medically necessary care, prescribed by my physician, and covered under the plan.

Sincerely,

(Your signature)
Your typed name

Enc. Denial Letter

c: The Honorable (Legislators name), address, city, state zip
The Honorable (Regulatory Agency Commissioners name), address, city, state zip
Your Physician's name, address, city, state zip

SECOND LEVEL APPEAL

Your Name
Address
City State Zip
Phone numbers
Email address

DATE

HEALTH PLAN NAME
ATTN: GRIEVANCE AND APPEALS DEPARTMENT
ADDRESS
CITY STATE ZIP

RE: Second Level Appeal of Denial of Medically Necessary Treatment
Claim number:
Member/Subscriber Name:
Member/Subscriber No.: Group no.:

Dear Grievance and Appeals Manager:

I am writing to initiate a second level appeal of the health plan's denial of medically necessary treatment prescribed by my physician, Dr. _____. My physician prescribed (treatment/test/x-ray/drug/durable medical equipment) in order to treat (condition). This course of treatment is prudent and necessary in order to improve and ultimately maintain my health. In the absence of the medically necessary care prescribed by my doctor, my condition will worsen and irrevocably compromise my health.

I am asking that you reconsider your position and allow my doctor to treat me in accordance with my medical needs, and not based on the economics of the health plan. The treatment and/or services prescribed are covered under my plan. The alternate treatment authorized by the health plan is unacceptable to manage my care. The health plan's clinical criteria cannot be used to deny medically necessary care. My physician made the correct medical assessment of my condition and my health plan should not interfere with my care in order to contain costs. I am appalled that I have to ask again for care that I not only pay for, but deserve.

I also ask that my legislative representatives and regulator, copied below, will help me obtain medically necessary care, prescribed by my physician, and covered under the plan. Legislation should be enacted to protect patients from being denied medically necessary care as a cost containment measure.

Sincerely,

(Your signature)
Your typed name

Enc. Denial Letter

c: The Honorable (Legislators name), address, city, state zip
The Honorable (Regulatory Agency Commissioners name), address, city, state zip
Your Physician's name, address, city, state zip

EXPEDITED APPEAL

Your Name
Address
City State Zip
Phone numbers
Email address

DATE

HEALTH PLAN NAME
ATTN: GRIEVANCE AND APPEALS DEPARTMENT
ADDRESS
CITY STATE ZIP

RE: Expedited Appeal of Denial of Medically Necessary Treatment
Claim number:
Member/Subscriber Name:
Member/Subscriber No.: Group no.:

Dear Grievance and Appeals Manager:

I am writing to request an expedited appeal of the health plan's denial of medically necessary treatment prescribed by my physician, Dr. _____. My physician prescribed (treatment/test/x-ray/drug/durable medical equipment) in order to treat (condition). This course of treatment is prudent and necessary in order to improve and ultimately maintain my health. In the absence of the medically necessary care prescribed by my doctor, my condition is worsening. In addition, the absence of appropriate medical care will cause irrevocable damage to my health.

Please reconsider your position and allow my doctor to treat me in accordance with my medical needs and not based on the economics of the health plan. The treatment and/or services prescribed are covered under my plan. The alternate treatment authorized by the health plan is unacceptable to manage my care. My physician made the correct medical assessment of my needs and my health plan should not interfere with my care as a cost containment measure. The delay is compromising my health. Please handle expeditiously.

I also ask that my legislative representatives and regulator, copied below, will help me obtain medically necessary care, prescribed by my physician, and covered under the plan.

Sincerely,

(Your signature)
Your typed name

Enc. Denial Letter

c: The Honorable (Legislators name), address, city, state zip
 The Honorable (Regulatory Agency Commissioners name), address, city, state zip
 Your Physician's name, address, city, state zip

APPEAL OF EXPERIMENTAL OR NON COVERED CARE

Your Name
Address
City State Zip
Phone numbers
Email address

DATE

HEALTH PLAN NAME
ATTN: GRIEVANCE AND APPEALS DEPARTMENT
ADDRESS
CITY STATE ZIP

RE: Appeal of Denial of Medically Necessary Treatment Considered Experimental/Non-Covered
Claim number:
Member/Subscriber Name:
Member/Subscriber No.: Group no.:

Dear Grievance and Appeals Manager:

I am writing to appeal the health plan's denial of medically necessary treatment prescribed by my physician, Dr. _____. My physician prescribed (treatment/test/x-ray/drug/durable medical equipment) in order to treat (condition). This course of treatment is prudent and necessary in order to improve and ultimately maintain my health. In the absence of the medically necessary care prescribed by my doctor, my condition will worsen and irrevocably compromise my health. The health plan deems this care to be experimental and/or non-covered but offers no viable medical options and refuses to let me receive the care that I need.

Please reconsider your position and allow my doctor to treat me in accordance with my medical needs and not based on the economics of the health plan. The treatment and/or services prescribed are necessary. The alternate treatment authorized by the health plan is unacceptable to manage my care. The health plan does not offer a comparable course of treatment to remedy my condition and I should be able to receive the care prescribed. My physician made the correct medical assessment of my needs and my health plan should not interfere with my care as a cost containment measure. There is no health plan provider able to provide this care. I should be allowed to receive care at the in-network rate. Please review the adequacy of this health plan's network and the reason they will not authorize medically necessary care.

I also ask that my legislative representatives and regulator, copied below, will help me obtain the medically necessary care, prescribed by my physician, and covered under the plan.

Sincerely,

(Your signature)
Your typed name

Enc. Denial Letter

c: The Honorable (Legislators name), address, city, state zip
 The Honorable (Regulatory Agency Commissioners name), address, city, state zip
 Your Physician's name, address, city, state zip

BIO

Patricia M. Carroll

Patricia M. Carroll was born and raised in Rochester, New York. After completing Bachelor degrees in Communications and History from the State University of New York at Brockport, Ms. Carroll began her career as a commercial insurance underwriter. After attending a seminar on managed care infrastructures, she focused her career path on healthcare, particularly managed care. Ms. Carroll worked for third party administrators, government plans and major insurers, as well as Practice Manager, in a community health center. While employed at the Texas Department of Insurance, Ms. Carroll held the following positions: Director of HMO Complaints, Senior Fraud Investigator, and Legal Compliance Specialist. During a short hiatus from the managed care arena, she was the Director of Education for an allied health college. While living in Austin, Texas, Ms. Carroll served as an Appointee on the Early Childhood Intervention Committee for Governor George W. Bush and Governor Rick Perry.

Ms. Carroll has been a Healthcare Advocate for many years. Once she broadened her expertise in managed care systems, she used her knowledge to fight insurers, government programs and managed care plans that denied benefits for medically necessary care. Ms. Carroll worked as the Director of Appeals for one of the nation's largest managed care plans. Ms. Carroll currently works for a provider in the area of revenue recovery.

Ms. Carroll has developed a program to help patients confidently embrace self-advocacy and communicate effectively with health plans, in addition to successfully navigating managed care systems. She is a popular speaker on managed care reimbursement strategies, self-advocacy, and understanding managed care plans.

In her spare time, Ms. Carroll donates her talents writing resumes for high school and college graduates, in addition to coaching on professionalism and interview techniques. Ms. Carroll lives suburban Houston, Texas and has two sons. She can be reached at pmjcarroll@aol.com or pmjcarroll@yahoo.com.