SAMPLE CLAIM DENIAL APPEAL LETTER TO INSURANCE COMPANY/PLAN (TO BE COMPLETED BY YOUR PHYSICIAN)

Date

Payer Name
Payer Address (Appeals Address if available)
City, State Zip

Patient First and Last Name:
Insured Name:
Policy Number:
Date of Service:
Claim Number:

Dear Claims Representative:

This letter serves as a request for reconsideration of payment for Date of Service [insert date supplies were purchased/rented here] submitted for the above-mentioned patient. (INSERT INSURED OR PROVIDER NAME) received a claim denial stating [INSERT REASON FOR CLAIM DENIAL].

[Insert child's name] was born into the high-risk category on [INSERT CHILD'S BIRTHDAY]. He/She has not been able to successfully breastfeed due to [state ILLNESS OR PREMATURITY]. It is important that this mother is able to pump her breasts in order to provide her infant with breast milk, which provides optimal nutritional value at this vital stage of life. This pumping also allows the mother to continue having an adequate supply of breast milk so that once the baby becomes stronger he/she can begin or resume nursing at the breast. [INSERT ANY OTHER SUPPORTIVE MEDICAL INFORMATION SPECIFIC TO THIS PATIENT]

I have recommended breastfeeding for this mother and infant according to the guidelines established by the American Academy of Pediatrics which states, "Human milk is species-specific, and all substitute feeding preparations differ markedly from it, making human milk uniquely superior for infant feeding. … Pediatricians and parents should be aware that exclusive breastfeeding is sufficient to support optimal growth and development for approximately the first 6 months of life. Breastfeeding should be continued for at least the first year of life and beyond for as long as mutually desired. … Hospitals and physicians should recommend human milk for premature and other high-risk infants either by direct breastfeeding and/or using the mother's own expressed milk."[1]

Based on the above information, I respectfully request reconsideration of coverage for these submitted charges. If you require any additional information, please contact me at [INSERT PHONE NUMBER].

Sincerely,

[Your Name, Title]

[1] PEDIATRICS Vol. 115 No. 2 February 2005, pp. 496-506 (doi:10.1542/peds.2004-2491)