Sample Claim Appeal Letter

[Date]

Insurance company name
Insurance company address

Re:	**Patient Name**	**Patient DOB**
	Insurance ID	**Group ID**
	Date of Service	**Claim ID or Procedure Codes**

Dear **[Insurance company]:**

We are in receipt of a denial for the patient listed above; the denial states that [**insert denial description here**].

[**Insert paragraph outlining reason for denial**]

We are writing to request an appeal for this denial and have included detailed information to support the medical necessity and reasons why this denial should be reconsidered for payment. Attached documentation includes the most recent clinical studies which indicate the safety and efficacy of a breast MRI procedure; a procedure that offers an excellent diagnostic or high-risk screening tool, is non-invasive and has no radiation. Significant clinical literature supports the safety and efficacy of this procedure which is medically indicated and appropriate for this patient.

The patient presented to me with **[Include patient specific information or provide copy of LMN and reference it here]**

The treatment has greatly improved the patient's symptoms and has improved the patient physical and emotional state. This procedure also provided a more cost effective alternative for the patient and the payer.

Given this patient's medical history and treatment options we believe that a breast MRI procedure was the most appropriate and best clinical option for this patient. We request that the carrier consider appropriate payment for this procedure.

We thank you in advance for your prompt attention to this most urgent matter and look forward to hearing from you. Should you have any questions, please contact ***the physician's office contact person and their contact information goes here***.

Sincerely,

_____**, MD**