

A SAMPLE APPEAL LETTER

Dr. Donald Director
The Virtuous Medical Group
1000 Careaway Lane
Curetownt, PA 01000

RE: Appeal for denied [condition and treatment]
Member ID# 888-888-888

Dear Dr. [Name of Director]:

I am a [age, sex, race, employer, position]. I was diagnosed with [exact medical name of illness and exact location] on [date] by [name of HMO physician]. I am writing to appeal the denial of [exact name of treatment], denied to me on [date of denial].

I am appealing on the grounds that this procedure is medically necessary, and that the omission of this procedure will make [or has made] my condition worse.

My present illness started on [date] and has worsened to the point where [describe how it has gotten worse]. I have tried [If you have tried certain treatments and failed, detail these here. If you are still on a treatment, detail this here], but my condition has not been affected. My doctor recommended [name of denied treatment], but to my disappointment, this recommendation was denied by the Virtuous Medical Group on [date].

My present illness has had a serious effect on my quality of life. [Give examples of how the illness affects you, especially if it affects your work.]

The denied treatment was recommended by my doctor, and has also been recommended by [if you have a second opinion, mention this here. If you have treatment guidelines from the HMO or other medical organizations, mention these here.] Clearly, prevailing medical opinion sees the denied treatment as beneficial and necessary.

The denied treatment is also a covered benefit. The enclosed copy of my explanation of benefits [and/or Virtuous Medical Group's own guidelines] state that [quote from guidelines].

In summary, [denied treatment] should be allowed as soon as possible to prevent my condition from becoming worse. It is medically necessary and a covered benefit. I look forward to hearing from you by [allow a week to ten days, unless your condition is of a more serious or emergent nature].

A copy of this letter has been forwarded to [name and title of benefits manager or CFO], who handles employee benefits for my employer, [company name]. Thank you for your consideration.

Sincerely,

[Your name}

From the book "Don't Let Your HMO Kill You!"

Enclosures:

Medical report

Written opinion of Dr. [name of doctor]

[Name of organization]'s guidelines for treatment of [illness]

Page [page number] of Virtuous Medical Group's Explanation of Benefits

Copy of complete medical records

Cc: [name, title, and company name of employee benefits manager or CFO]

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