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Insurance Appeal Letter Template

Appeal of a denied claim · clinicframe.com/note-templates/insurance-appeal-letter-template

REPLACE EVERY [BRACKETED] FIELD. REMOVE WHAT DOES NOT APPLY.

[Practice name] · [Address] · [Phone] · [NPI] · [Tax ID]

[Date]

To: [Health plan name], [Appeals department], [Address or fax]

RE: Appeal of denied claim. Patient: [patient name], date of birth [DOB], member ID [ID]. Claim number: [number]. Date of service: [date]. Date of denial: [date].

I am writing to appeal the denial of [service] provided to [patient name] on [date of service]. The denial letter dated [date] gives the reason as: "[quote the denial reason exactly]".

[Patient name] has [diagnosis, with the code on the claim]. The service was needed because [clinical facts from the record that answer the denial reason, with dates].

[If the denial cites a plan policy: The plan's policy [name or number] covers this service when [criteria]. [Patient name] meets these criteria because [facts].]

I ask that you reverse the denial and process the claim for payment. The following records are enclosed: [visit notes, test results, letter of medical necessity, prior authorization number, the denial letter].

Please contact me at [phone] if you need more information.

Sincerely,

[Clinician or billing contact name, credentials] · [Signature]

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Completed sample (fictional)

FICTIONAL EXAMPLE. NOT A REAL PATIENT. FOR ILLUSTRATION ONLY.

Riverside Family Medicine · 88 Mill Road, Columbus, OH 43215 · (614) 555-0193 · NPI 0000000000

November 21, 2026

To: Example Health Plan, Provider Appeals, PO Box 2000, Columbus, OH 43215

RE: Appeal of denied claim. Patient: Robin Hayes (fictional), date of birth 07/02/1971, member ID EX987654. Claim number: 000-0000000. Date of service: 10/06/2026. Date of denial: 10/30/2026.

I am writing to appeal the denial of a lumbar spine MRI without contrast performed for Robin Hayes on October 6, 2026. The denial letter dated October 30 gives the reason as: "Conservative treatment of at least six weeks not documented."

Robin has lumbar radiculopathy. The enclosed notes show seven weeks of conservative treatment before the MRI: physical therapy twice a week from August 14 to September 29, a home exercise program, and naproxen 500 mg twice daily. At the September 30 visit Robin had new weakness of the left ankle on exam, documented as 4 of 5 strength.

New weakness after failed conservative treatment meets the criteria in the plan's imaging policy for advanced imaging of the lumbar spine.

I ask that you reverse the denial and process the claim for payment. Enclosed: visit notes from 08/10, 09/30, and 10/06, the physical therapy discharge summary, and the denial letter.

Please contact me at (614) 555-0193 if you need more information.

Sincerely,

Dr. Morgan Ellis, MD · [signature]