

## Letter template to request documents used by your health plan to make their decision

[Personalize this letter as needed, especially the information in brackets]

[Your name]

[Your address]

[Date you are writing this letter]

[Address of your health plan's Internal Appeals department]

Re: [Name of the insured/patient that had the service denied and their date of birth]

Primary Insured's name [if you are a spouse or dependent on the policy]

Plan Identification (ID) number: [Insured/patient plan ID number]

Denial Claim number: [Insured/patient claim number]

Date insured/patient received the service that was denied, or date on the letter of denial for prior approval of the service requested.

To whom it may concern:

I am requesting that you send me all of the information used to review my request including:

1. A detailed description of why my claim was denied.
2. A written statement of the clinical rationale for the decision.
3. The clinical review criteria and corporate medical policy used to make the determination not to provide coverage (or pay the claim) for this service.
4. All notes your company made in my file.
5. A description of what you need to overturn the denial.

My provider and I will need these documents as we prepare to appeal [insurance company's name] determination on the claim referenced above.

Thank you in advance for your assistance and I look forward to receiving the requested materials as soon as possible. Please call me if you have any questions.

Sincerely,

[Your name]

[Your address and phone number]