

<Date>

**ATTENTION:** <Medical Director Name and/or Medical Review/Appeals>  
<Payer/Health Plan Name>  
<Payer Address>

**REGARDING:** Denied Claim for <Product Name>  
**PATIENT NAME:** <Patient Name>  
**DATE OF BIRTH:** <Patient Date of Birth>  
**POLICY ID NUMBER:** <Policy ID Number>

Dear <Medical Director Name and/or Medical Review/Appeals>,

I am writing to appeal the denied claim for <Product> for my patient, <Patient Name>, who has been diagnosed with <Diagnosis>. Attached to this request are clinical notes regarding this patient's disease state, the FDA approval letter for <Product Name>, and the <Product Name> package insert/prescribing information.

<Product Name> is indicated for <indication from package insert/prescribing information>.

<Rationale for treating the patient with <Product Name>. In this rationale, include a description of the patient's disease state, treatment history, comorbid health issues, and any other factors that have influenced your treatment decision.>

<If the patient has already received treatment with this product, provide a concise but specific description of how this product has benefited the patient. Highlight any documentation that supports your treatment decision.>

Thank you for taking the time to read this letter. I believe that treatment with <Product Name> is appropriate for this patient. I look forward to your prompt review of this request.

Best regards,

<Physician Signature>  
<Physician Name>

#### **ATTACHMENTS TO CONSIDER**

- <Product Name> FDA approval letter
- <Product Name> package insert/physician label
- Patient clinical notes and any other relevant supporting documentation