

Date

Insurance Plan Administrator
Address

ATTN: Plan Administrator, XXXX Health Care Plan

RE: Plan/Group ID #
Member ID# Name
Claim Denial dated XXXXX

Dear Plan Administrator:

I/We received a letter dated XXXXX from *Plan Administrator/Third Party Claims Administrator* denying [our request for/coverage of/prior authorization for] [describe service(s) and date(s) of service].

Please provide a copy of the current Certificate of Coverage or other plan document that governs coverage and benefits under this policy. Please identify the specific provisions of the controlling plan document relied upon as grounds for the benefits determination and provide the following additional information:

- Please identify and provide an explanation of the scientific or clinical judgment for the claim determination, applying the terms of the plan to the relevant medical circumstances.
- Please provide an explanation of the manner in which the medical information provided to date fails to support medical necessity or other coverage criteria for the requested services.
- Please identify and describe with reasonable specificity any additional information that may be provided in support of coverage for this claim or prior authorization request.
- If any internal rule, guideline, protocol, or other similar criterion was relied upon in making the adverse determination, please provide a copy of the applicable plan document and identify the specific provision(s) of that document relied upon as grounds for the benefits determination.

We look forward to your prompt response to this request. The requested information may be forwarded to the contact information provided below.

Very truly yours,

Name
Relationship
Contact Information