

Date

Insurance Plan Administrator
Address

ATTN: Plan Administrator, Employee Health Care Plan

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

Dear Plan Administrator:

We received a letter dated XXXXX from *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 Summary Plan Description that governs coverage and benefits under this policy. Please identify the specific provisions of the Summary Plan Description 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.

Please note that ERISA requires the provision of requested plan information, including internal benefits determination criteria, within 30 days of the date of a written request. A Plan Administrator may be liable for penalties of up to \$110 per day of delay in responding to a request for plan information.

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