

Date  
Health Plan  
Attention: Grievance and Appeals Committee  
Address

Re: [Participant Name/Member ID #]  
Group number/Policy number #XXXXXXXXXX

To whom it may concern,

Please accept this letter as my appeal to Health Plan's decision to deny coverage for **[describe service and date(s) of service]**. Example: "speech therapy."

**[If applicable]** I am requesting an expedited appeal because **[explain need for urgent decision]**. Example: "my health condition is likely to get significantly worse if this treatment is delayed or postponed. Please see the attached letter from my doctor confirming the urgency of the need for this treatment."

It is my understanding based on your letter of denial dated **XXXXX** that this claim has been denied because: **[quote reason stated in denial letter]**. Example: "The information provided does not meet plan language for speech therapy under our coverage guidelines. The requested speech therapy is educational or training and is not restorative."

**[Give brief history of illness/condition and treatment to date]**

Example: "[Name] was developing normally until the age of three years and two months. His speech and language skills were appropriate to his age and development. He then began to lose his acquired speech skills. After examination and testing, he was diagnosed with unspecified pervasive developmental disorder."

**[Explain why information is incorrect, why the requested service fits within coverage criteria, or why the referenced coverage criteria should not apply to this claim. Reference actual language from denial letter and/or plan language.]**

Example: "The Summary Plan Description states that speech therapy will be covered when it is necessary to restore functions lost as the result of illness or injury. The requested speech therapy is a covered service according to the terms of the plan because it is restorative and not educational or training. This speech therapy is not intended to improve upon existing language skills but rather to regain previously acquired language skills that were lost due to the onset of illness."

**[Request complete copy of documents relied on to make the claim decision]**

Example: "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."

Sincerely,

Name  
Relationship  
Contact Information