

<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 is the FDA approval letter for <Product Name> and clinical notes regarding this patient's disease state.

<Product Name> is indicated for <Indication from 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 look forward to your prompt review of this request. I believe that treatment with <Product Name> is appropriate for this patient.

Best regards,

<Physician Signature>

<Physician Name>

**ATTACHMENTS TO CONSIDER:**

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