

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]

[Insurance Company Name]  
[Claims Department Address]  
[City, State, Zip Code]

Subject: Request for Coverage of Continuous Glucose Monitoring (CGM) Device

Dear Claims Department,

I hope this letter finds you well. I am writing to formally request coverage for a Continuous Glucose Monitoring (CGM) device, specifically [insert device name], which my healthcare provider, [Provider's Name], has recommended for my diabetes management.

I have been diagnosed with [Type 1/Type 2] Diabetes since [diagnosis date]. My condition requires ongoing and precise monitoring of my glucose levels to prevent complications. The [insert device name] will significantly improve my ability to manage my diabetes effectively.

Below are the details regarding my medical necessity for the CGM device:

- \*\*Patient Name:\*\* [Your Name]
- \*\*Insurance ID Number:\*\* [Your Insurance ID]
- \*\*Healthcare Provider:\*\* [Provider's Name & Contact Info]
- \*\*Diagnosis:\*\* [Diabetes Type and any related complications]
- \*\*Prescription Date:\*\* [Date of Prescription]
- \*\*Medical Necessity:\*\* [Brief explanation of why CGM is recommended and its benefits for your condition]

Attached to this letter, you will find copies of my medical records, the prescription from my healthcare provider, and any other relevant documentation that supports my claim. I kindly ask that you review my request for coverage and approve it as soon as possible.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]  
[Your Printed Name]