

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

[Recipient's Name]
[Title]
[Insurance Company Name]
[Insurance Company Address]
[City, State, ZIP Code]

Subject: Appeal for Denial of Continuous Glucose Monitoring (CGM)
Coverage

Dear [Recipient's Name],

I am writing to formally appeal the denial of coverage for the Continuous Glucose Monitoring (CGM) system for my [child/me] due to [specific reason for denial, e.g., "lack of medical necessity"].

[In the body of the letter, briefly explain your condition, the treatment plan recommended by your healthcare provider, and why the CGM is essential for effective management of your diabetes or medical condition. Include specific details about relevant medical history, any documented complications, and how CGM will improve health outcomes.]

I have enclosed supporting documentation, including:

1. A letter from my healthcare provider detailing the medical necessity of the CGM.
2. [Any additional documents, such as lab results, medical records, or previous claims.]

I kindly request that you review this information and reconsider your decision. The CGM is not just a convenience but a vital tool for managing [specific medical condition].

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

Sincerely,

[Your Name]

[Your Title, if applicable]

[Enclosures: List any documents you are including with the letter]