

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Recipient's Title]
[Company/Organization Name]
[Company Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally appeal the decision regarding my application for [specific Electronic Health Record (EHR) application name]. I submitted my application on [application submission date], and it was [state the outcome, e.g., denied, not accepted] on [date of decision].

I believe that my application merits reconsideration due to the following reasons:

1. [Reason 1: Provide specific details and evidence supporting your case.]
2. [Reason 2: Include additional relevant information or context.]
3. [Reason 3: Mention any mitigating circumstances or clarifications needed.]

I appreciate the effort your team puts into processing applications and review of documentation, and I am hopeful that you will take my appeal into consideration. I kindly request an opportunity to discuss this matter further, as I believe that my qualifications align with the goals of your organization.

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

Sincerely,

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