

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

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

Subject: Appeal for Denied Knee Replacement Surgery - [Policy Number]

Dear [Claims Adjuster's Name or "To Whom It May Concern"],

I am writing to formally appeal the denial of coverage for my knee replacement surgery, which was recommended by my orthopedic surgeon, Dr. [Surgeon's Name]. The surgery was denied on [date of denial] based on [reason for denial].

I would like to provide additional information regarding my medical history and the necessity of this procedure. After several conservative treatment methods--including physical therapy, medications, and injections--I continue to experience significant pain and reduced mobility that greatly impacts my quality of life.

Attached to this letter are the following documents to support my appeal:

1. A letter from Dr. [Surgeon's Name] outlining the medical necessity of the surgery.
2. Copies of my medical records detailing my treatment history and current condition.
3. Relevant diagnostic imaging reports such as X-rays or MRIs.

I respectfully request that you reconsider my case in light of this information. I am hopeful for a favorable review of my appeal, as this surgery is essential for restoring my mobility and overall well-being. Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Insurance Policy Number]

[Attachments: Medical Records, Doctor's Letter, Imaging Reports]