

[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 Coverage of Knee Replacement Surgery - [Your Policy Number]

Dear [Insurance Adjuster's Name or Claims Department],  
I hope this letter finds you well. I am writing to formally appeal the recent denial of coverage for my knee replacement surgery, which was scheduled for [date of surgery]. My physician, [Doctor's Name], has determined that this procedure is medically necessary due to [briefly explain medical condition and reasons for surgery, e.g., severe osteoarthritis, chronic pain, limited mobility].

The claims reference number for my case is [insert claims number]. According to the denial letter dated [insert date of denial], my claim was denied because [insert reason provided by the insurance company, e.g., lack of documentation, not meeting criteria]. However, I believe that this decision does not consider the full extent of my medical situation.

I have attached the following documentation to support my appeal:

1. Letter from my physician detailing the medical necessity of the surgery
2. Copies of medical records and imaging results
3. Notes from previous treatments and therapies attempted
4. [Any additional relevant documents]

I kindly request a reconsideration of my case, as my mobility and quality of life are significantly impacted by my condition. The recommended surgery is not only essential for alleviating pain but also for restoring functionality to my knee.

Thank you for your attention to this matter. I look forward to your prompt response and hope for a positive resolution. Please feel free to contact me at [your phone number] or [your email address] should you require any further information.

Sincerely,

[Your Name]  
[Your Signature, if sending a hard copy]  
[Your Policy Number]