

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

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

Re: Appeal for Coverage of Lymphedema Treatment - [Your Policy Number]

Dear [Insurance Adjuster's Name or "To Whom It May Concern"],
I hope this letter finds you well. I am writing to formally appeal the denial of coverage for my lymphedema treatment, which was outlined in the letter dated [Date of Denial Letter]. My policy number is [Your Policy Number].

As a result of my diagnosis of lymphedema, I have experienced [briefly explain symptoms and impact on daily life]. My medical professionals have recommended [specific treatments or therapies, e.g., compression garments, physical therapy], which are essential for managing my condition and preventing further complications.

The denial of coverage based on [reason provided in denial letter] does not accurately reflect the medical necessity of this treatment as described in the attached documentation from my healthcare provider, [Provider's Name]. They have indicated that [insert supporting quotes or statements from the provider about why treatment is necessary].

Enclosed with this letter, you will find the following documents:

1. Letter of medical necessity from [Provider's Name]
2. Treatment plan outlining recommended therapies
3. Relevant medical records
4. Any additional documentation justifying the appeal

I kindly ask you to review my case and reconsider your decision. The importance of this treatment cannot be overstated, as it significantly affects my quality of life. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your understanding and support.

Sincerely,

[Your Name]
[Your Signature (if sending a hard copy)]
[Enclosures: List of enclosed documents]