

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Insurance Company Name]  
[Claims Department or Appropriate Division]  
[Insurance Company Address]  
[City, State, Zip Code]

Subject: Request for Coverage of Lymphedema Treatment

Dear [Insurance Company Representative's Name or "Claims Department"],  
I hope this letter finds you well. I am writing to formally request coverage for treatment related to my lymphedema diagnosis. My policy number is [Your Policy Number], and I have been receiving care from [Name of Healthcare Provider] since [Date of Diagnosis].

Lymphedema has significantly impacted my daily life, and I am following a treatment plan that includes [briefly describe the treatments you are undergoing, e.g., compression garments, lymphatic drainage therapy]. As per my healthcare provider's recommendation, these treatments are not only necessary for my comfort but also essential to manage my condition effectively and prevent further complications.

I have enclosed the following documents to support my request:

1. Medical records detailing my diagnosis and treatment plan.
2. A letter from my healthcare provider outlining the medical necessity of the treatment.
3. Any relevant bills or statements related to my treatment.

I kindly ask that you review this information and reconsider your decision regarding coverage for my lymphedema treatment. Should you require any additional information or documentation, please do not hesitate to contact me.

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

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]