

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Insurance Company Name]
[Claims Department Address]
[City, State, Zip Code]
Claim Number: [Your Claim Number]

Dear Claims Reviewer,
I am writing to formally appeal the denial of my claim for treatment related to Lyme disease, which was submitted on [Date of Initial Claim]. I believe this claim deserves reconsideration based on the information provided below.

On [Date of Diagnosis], I was diagnosed with Lyme disease following a series of symptoms and testing, as outlined in the attached medical documentation from my healthcare provider, Dr. [Doctor's Name]. The treatment I received included [list treatments], which are essential for my recovery, as supported by [reference any medical guidelines or studies].

Despite the documentation provided, my claim was denied on the grounds of [insert denial reason]. However, I would like to emphasize that [provide justifications against the denial reason, including any discrepancies or misunderstandings].

I have included the following documents to support my appeal:

1. A letter from Dr. [Doctor's Name] outlining the necessity of the treatment.
2. A copy of my medical records concerning my diagnosis and treatment.
3. Medical studies or guidelines that support the necessity of the treatment for Lyme disease.

I kindly request a thorough review of my claim in light of this additional information. I appreciate your attention to this matter and look forward to a favorable resolution.

Thank you for your consideration.

Sincerely,

[Your Name]

[Attachments: List of enclosed documents]