

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Recipient's Name]  
[Recipient's Title]  
[Insurance Company/Organization Name]  
[Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Appeal for Denial of MHSA Coverage

I am writing to formally appeal the denial of my request for coverage of [specific treatment/service] under my Mental Health and Substance Abuse (MHSA) benefits. My policy number is [your policy number].

On [date of denial notification], I received a letter stating that my request was denied due to [specific reason for denial]. I believe this decision should be reconsidered for the following reasons:

1. **Clinical Justification**: [Explain the medical necessity of the treatment/service and any supporting evidence from your healthcare provider.]
2. **Relevant Policy Details**: [Cite specific sections of your insurance policy that support your claim for coverage.]
3. **Additional Documentation**: [Mention any attached documents such as doctor's letters, treatment history, etc.]

I kindly request a thorough review of my case based on the information provided above. I believe that the treatment is crucial for my mental health and well-being.

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)]