

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

[Recipient Name]  
[Title/Department]  
[Insurance Company Name]  
[Company Address]  
[City, State, Zip Code]

Subject: Appeal for NVDA Authorization - [Patient's Name/Policy Number]

Dear [Recipient Name],

I am writing to formally appeal the denial of authorization for [specific treatment, medication, or service] for [Patient's Name, Birthdate, Policy Number]. The request was denied on [date of denial] under the claim that [briefly state the reason for denial].

[In this paragraph, provide a detailed explanation of the medical necessity for the treatment/service, including supporting information from healthcare providers, previous treatments, and any relevant medical records.]

It is imperative for the health and wellbeing of [Patient's Name] that this authorization be granted. I urge you to reconsider the decision based on the evidence provided and reconsider the benefits this treatment can provide.

Please find attached [any additional supporting documents such as medical records, letters from healthcare providers, etc.]. I respectfully request a prompt review of this appeal.

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

Sincerely,

[Your Name]

[Relationship to Patient, if applicable]

[Your Signature (if sending a hard copy)]

Attachments: [List of attached documents]