

[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 NVDA [Claim Number/Policy Number]

Dear [Insurance Company Representative's Name],
I hope this letter finds you well. I am writing to formally appeal the denial of coverage for the Non-Visual Desktop Access (NVDA) software, which was deemed necessary for my [diagnosis/condition].

[Explain the specifics of the denial, including the date, reference number, and any reasons provided by the insurance company.]

I want to emphasize the critical role NVDA plays in allowing me to [explain how NVDA assists you with your condition, your ability to perform daily tasks, work, or any other relevant detail]. The lack of access to this software severely impacts my quality of life and my ability to function effectively in [specific contexts, e.g., work, school, daily living activities].

[Attach any supporting documents, such as medical records, letters from healthcare providers, or other evidence that reinforces your need for NVDA.]

I kindly request a thorough review of this appeal, considering the importance of NVDA for individuals with [specific condition/disability]. I believe this software is medically necessary, and its coverage aligns with the standards of care for my condition.

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

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]