

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

[Insurance Company Name]
[Claims Department Address]
[City, State, ZIP Code]

Re: Appeal for Denied Claim - [Claim Number]

Dear [Claims Adjuster's Name or "To Whom It May Concern"],

I am writing to formally appeal the denial of my claim for physical therapy services dated [date of service], referenced by claim number [claim number]. I was notified of the denial on [date of denial notice], citing [specific reason for denial].

I believe the denial was in error for the following reasons:

1. ****Medical Necessity****: [Explain why the physical therapy was necessary, including the diagnosis and treatment plan provided by your healthcare provider.]

2. ****Supporting Documentation****: I have attached relevant documentation, including [list documents such as prescriptions, progress notes, treatment plans, etc.], which support the need for these services.

3. ****Policy Coverage****: According to my policy [policy number], physical therapy is covered under the circumstances addressed, including [quote relevant sections of the policy].

I kindly request that you review my case again in light of the attached information. I am confident that upon reevaluation, you will find justification for the approval of my claim.

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

Sincerely,

[Your Signature, if sending a hard copy]

[Your Printed Name]

[Your Insurance Policy Number]

Attachments: [List of attached documents]