

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

[Insurance Company's Name]
[Insurance Company's Address]
[City, State, Zip Code]

Subject: Urgent Medical Treatment Appeal

Dear [Insurance Company Representative's Name or "Claims Department"],
I am writing to formally appeal the denial of coverage for my recent medical treatment, which was deemed urgent by my healthcare provider. My policy number is [Policy Number], and the claim number associated with this treatment is [Claim Number].

On [Date of Treatment], I received [Describe the treatment, e.g., surgery, emergency care], as recommended by my physician, Dr. [Physician's Name], due to [Briefly explain the medical condition and urgency]. This treatment was essential for my health and well-being, and the denial of coverage for this necessary care is a matter of serious concern.

The reasons given for the denial were [Quote the denial reasons], which I believe neglect the medical necessity of this urgent treatment. Enclosed are documents including [List enclosures, such as medical records, letters from your doctor, etc.] that provide further evidence of the necessity and urgency of the treatment.

I respectfully request a reconsideration of my claim based on the information provided. Please let me know if you require further documentation or information to assist in the review process.

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

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]