

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

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

Subject: Appeal for Xolair Coverage

Dear [Claims Adjuster's Name or "Claims Department"],  
I hope this letter finds you well. I am writing to formally appeal the recent decision regarding my coverage for Xolair (omalizumab). My policy number is [Your Policy Number], and the claim number associated with this request is [Claim Number].

My physician, [Doctor's Name], has prescribed Xolair as a necessary treatment for my [specific condition, e.g., chronic hives, asthma], as documented in the attached medical records. After considering various treatment options, Xolair has been deemed the most effective for my situation due to [briefly explain reasons, e.g., history of ineffective treatments, severity of symptoms].

I would like to respectfully request a review of my case and reconsideration for coverage based on the following points:

1. [Point 1: Provide a brief explanation of the medical necessity of Xolair.]
2. [Point 2: Mention any relevant treatment history or previous medications you have tried.]
3. [Point 3: Include supporting statements or documentation from your healthcare provider.]

Attached are the necessary documents supporting my appeal, including [list of documents such as prescription records, doctor's letters, treatment history, etc.].

I appreciate your attention to this matter and look forward to your prompt response. Please feel free to contact me at [Your Phone Number or Email] if you need any additional information.

Thank you for your consideration.

Sincerely,

[Your Name]  
[Your Signature (if sending a hard copy)]  
[Attachments: List of documents]