

Sample Letter of Appeals

[Physician Letterhead]

Attn: [Medical Director]
[Insurance Company]
[Address]
[City, State, ZIP code]

RE: [Patient Name]
[Date of Birth]
[Policy Number]
[Claim Number]

Reference Number: [Reference Number]

Therapy: [Drug Name]

Submission Date: [Submission Date]

Denial Date: [Denial Date]

Dear Medical Reviewer/Appeals Reviewer,

On behalf of [Patient Name], I am requesting a [first-level appeal/second-level appeal] by an Oncology Medical Advisor of the prior authorization denial of the above-referenced line item(s). It is my understanding based on a letter of denial dated [Date] that [Drug Name] has been denied because [Quote the specific reason for the denial stated in the denial letter].

This case involves my patient, [Patient Name], who was diagnosed with [Diagnosis Name; ICD-10 Code] on [Date]. I believe that [Patient Name] would benefit from [Drug Name]. Please see the enclosed documentation that discusses [Patient Name]'s medical history and supporting information in more detail, as well as the use of [Drug Name] for [Diagnosis Name] and/or similar cell-type diagnosis.

The following items are enclosed:

- [Medical literature regarding the use of Drug Name for Diagnosis name; ICD-10 Code and/or similar cell-type diagnosis]
- [Relevant clinical documentation such as history and physical, progress notes, treatment history, Letter of Medical Necessity]
- [Applicable coverage policies]

The enclosed information supports the claim that the treatment is medically necessary. I strongly believe this request should be covered and request that you reconsider coverage based on the information provided. Due to the acute nature of this disease, I would appreciate your prompt review of this [initial/second] appeal.

If you have any further questions regarding this matter or need additional information, please contact my office at [Phone Number].

Sincerely,
[Insert physician name and participating provider number]

Enclosures

The information contained in this template letter is provided by Pfizer for informational purposes for patients who have been prescribed a Pfizer medicine. There is no requirement that any patient or healthcare provider use any Pfizer product in exchange for this information, and this template letter is not meant to substitute for a prescriber's independent medical decision-making.

