

Appeal of Denial of a Claim and Information Request

[Date]

[insert name of insurance company and/or managed behavioral health company]

[member services department or other applicable dept.]

[insert address]

Re: [insert patient name, insurer, ID# and group #]

Dear [member services or other applicable dept]

I am writing to appeal [insurer name] decision to deny coverage for [state name of treatment denied]. It is my understanding based on your letter of denial dated [insert date] that this [insert treatment] has been denied because [quote specific reason in denial letter if received].

I have been a member of your plan since [date]. I have paid for this benefit and [insert name of provider] is licensed by the state of Maryland and accredited to provide these treatment services. I have enclosed a letter from [provider] explaining why [he/she] recommends [treatment or service] and [his/her] qualifications. I am in dire need of these treatment services, and they are covered by my benefit plan and should be paid for.

I believe I am entitled to this service under the *Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity* law, which requires that insurers implement no more restrictive financial requirements or treatment limitations for mental health/substance abuse treatment than predominate requirements or limitations for substantially all medical/surgical benefits.

Also, I hereby request a copy of the medical necessity criteria and specific reasons for denial that you are relying on in denying reimbursement for my treatment at the following level of care:

outpatient inpatient emergency care
 residential partial hospitalization prescription drugs
 intensive outpatient other

I request that you immediately remit the medical necessity criteria and specific reasons for denial that you rely on in reaching a different medical decision than my treating physician and refusing to cover my treatment services. **You may [fax, email, mail] the medical necessity criteria and specific reasons for denial to my attention at [insert contact].** Should you require additional information, please do not hesitate to contact me at [insert phone number]. I look forward to hearing from you in the near future.

Sincerely

[name]