Sample Voice of the Patient Letter of Appeal [Product Name]

This sample letter is a guide to help you write an appeal to the patient’s health insurance when coverage is denied for a medication. It is for informational purposes only and does not constitute medical, legal, or reimbursement advice and represents no statement, promise, or guarantee of coverage or payment. Individual health insurance policies are frequently updated and it is the

responsibility of the patient’s provider and/or their office staff to determine appropriate coding, medical necessity, site of service, and documentation requirements, and to submit appropriate codes, modifiers, and charges for services rendered, as specified by the patient’s health insurance.

[Date of service]

ATTN:

[Name of health insurance company] [PO Box or street address]

[City], [State] [Zip code] [Phone]

[Fax]

RE:

[Patient name] [DOB]

[Parent/Legal guardian’s name] Policy number: [Policy number] Group number: [Group number]

Medicaid number (if applicable): [Medicaid number] Claim/Case number: [Claim/Case number]

Subject: Appeal for coverage denial of [Product name] Dear [Payer medical director/contact name],

I am writing to appeal a claim that was denied for [Patient name] . In a letter dated [month]/[date]/[year], [name of health insurance company] stated that [Product name] was not covered for [Patient’s name] due to [reason(s) for denial].

I have reviewed this letter and, in my personal opinion, ask that you reconsider this decision.

[Patient name] was diagnosed with [Diagnosis name] on [month]/[date]/[year] and I am the primary caregiver.

[Include reason(s) why you believe patient’s name needs treatment with this medication].

Please review this appeal and consider approving this medication for [Patient’s name] who needs it. If you would like to contact me, please use the information provided below.

Thank you very much for your attention to this very important matter. I look forward to hearing from you. Sincerely,

[Caregiver name] [Caregiver phone number] [Caregiver email address]

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