\*SAMPLE APPEAL\*

YOUR LETTERHEAD

Date

Insurance Company Appeals

Address

Address

Reference: Claim number /denial

To whom it may concern,

This letter is to request an appeal of the denied \_\_\_\_\_\_\_\_\_\_code/service, as well as to provide documentation to support the denied service rendered.

Patient x presented to our office on \_\_\_\_\_\_with a primary complaint of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. After initial evaluation of the patient and diagnosis of the patient’s condition, a treatment plan was recommended and the patient started care in this office.

At the completion of this prescribed phase of treatment, and consistent with the required standards of care, it was necessary to re-evaluate the patient. The re-evaluation includes the current status of the patient’s condition, response to the care provided, their progress toward established goals, a determination of their need for ongoing care, as well as, the creation of updated treatment recommendations and goals.

\*\*It was determined that the patient is progressing favorably with treatment and the newly prescribed phase of care is \_\_\_\_\_\_\_\_\_\_\_\_\_. As ongoing care is recommended, the patient also received treatment on this visit.

I have provided for your review, the medical notes that support that all of the criteria associated with the E/M code billed was properly provided and documented, as well as the note for the treatment rendered.

I am requesting that you reprocess the denied E/M service for payment. Thank you for your attention to this matter.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, DC

\*\*If the patient is not responding to your care as expected then I would expect the 4th paragraph to look different, some examples:

It was determined that the patient was not progressing as expected with treatment rendered. The following complicating factors were identified (exacerbation, re-injury, whatever is appropriate here); What are the patient’s recommendations going forward taking this information into consideration?

OR

It was determined that the patient was not progressing as expected with treatment rendered. Therefore, the treatment rendered will be changed to \_\_\_\_\_\_\_\_\_\_\_\_\_\_and we will assess the patient’s response to this change in 2 weeks.

OR

It was determined that the patient was not progressing as expected with treatment rendered, therefore the need for further testing, referral to another health care professional, is appropriate at this time.