**Sample External Review Request Letter**

Date

Your Name

Your Address

*Name and Address of the Health Plan’s Appeal Department*

Re: Name of Patient

Plan ID Number:

Claim Number:

ProviderName:

Date(s) of Service:

Dear [Appeals Analyst]/To Whom it May Concern:

I am writing to request [a standard/an expedited (select one)] external review of your denial of the claim for assessment, treatment, or services provided by [name of provider on date provided].

The reason for denial was listed as [reason listed for denial on the plan’s internal appeal determination], but I have reviewed my policy and/or discussed the treatment with my physical therapist provider and believe the treatment or service should be covered.

[Insert detailed information about the situation. Write short, factual statements. You do not need to resubmit documents that you sent for the prior internal appeal. If you are including new documents, include a list of what you are sending. For example:

* Reference and attach letters from the patient’s providers, including the treatment plan, statement of medical necessity, provider’s progress notes, etc.
* Reference and attach a copy of the internal appeal denial determination and the Plan’s EOB, if applicable.
* Provide a copy of the patient’s insurance card (if coverage is in dispute).
* Reference and attach proof of the patient’s diagnosis (if diagnosis is in dispute).
* Reference and attach published research, if applicable.
* Reference and attach any other new documents you wish to provide to support your appeal.

Please send me a list of the documents being sent to the Independent Review Organization at the address below.

I look forward to receiving your response as soon as possible.

Sincerely,

Signature

Typed Name

Address

Email address

Phone #