Date:

[Patient's name]

[Prior authorization department]

[Plan identification number]

[Name of health plan]

Date of birth:

[Mailing address]

To whom it may concern:

My name is [Physician's name], and I am a [Board-certified medical specialty] [NPI] writing on behalf of my patient, [Patient name], to request coverage for [Product] [generic] [Patient name] has been under my care for months/ years for the treatment of [Disease or symptoms].

We understand that the reason for your denial is

[Copy reason verbatim from the plan's denial letter].

However, we believe that [Product, dosage, frequency] is the appropriate treatment for my patient. In support of our recommendation for [Product] treatment, we have provided an overview of my patient's relevant clinical history below.

[Provide a brief medical history, including diagnosis, allergies, existing comorbidities, and International Classification of Diseases (ICD) code(s)].
[Discuss rationale for using <product name> vs other treatments. Insert your recommendation summary here, including your professional opinion of your patient's likely prognosis or disease progression without treatment with product].

The patient's [List of pertinent medical records] are enclosed, which offer additional support for the formulary exception request for [Product]. Please consider coverage of [Product] for my patient.

Please feel free to contact me, [Physician's name], at office number (000) 000-0000 or [Patient's name] at (000) 000-0000 for any additional information you may require. We look forward to receiving your timely response and approval of this claim.

Sincerely,

[Physician's name and signature]

[Physician's medical specialty]

[Physician's NPI]

[Physician's practice name]

Phone: (000) 000-0000

Fax: (000) 000-0000