

SAMPLE — Health Insurance Appeal Letter Packet

DOCUMENT PREPARATION ONLY — Not legal advice. No outcome can be promised. Review before sending.

Prepared for: Jordan Sample (fictional sample patient)
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Appeal Letter (SAMPLE)

SAMPLE — FICTIONAL PATIENT. DO NOT SEND THIS LETTER.

Jordan Sample
123 Example Street, Anytown, ST 00000
Member ID: SAMPLE-0000000 | Claim number: SAMPLE-CLAIM-0000

October 1, 2026

Appeals Department
Example Health Plan
P.O. Box 00000, Anytown, ST 00000

Re: Request for internal appeal — denial of lumbar MRI (date of service: September 1, 2026)

To the Appeals Department:

I am writing to request an internal appeal of Example Health Plan's decision dated September 10, 2026, denying coverage for a lumbar spine MRI ordered by my physician, Dr. Alex Placeholder. The denial letter states that the MRI is "not medically necessary."

I respectfully disagree. As documented in the enclosed records, I have had low back pain radiating to my left leg for more than eight weeks, with numbness in my left foot. I completed six weeks of physical therapy and took prescribed anti-inflammatory medication without meaningful improvement. My physician documented reduced sensation and a diminished reflex on examination. These findings are the kind that commonly used imaging criteria treat as supporting advanced imaging, and my physician needs the MRI to decide on further treatment.

I request that you:

1. Reconsider and approve coverage for the lumbar MRI;
2. Provide copies of the clinical criteria or guidelines used to make this decision, along with my claim file, as I am entitled to request free of charge; and
3. Have this appeal reviewed by an appropriately qualified clinician who was not involved in the initial decision.

Enclosed: denial letter, office notes, physical therapy records, and a letter of medical necessity from Dr. Placeholder.

Please contact me in writing with your decision. Thank you for your prompt review.

Sincerely,

Jordan Sample

Document Checklist

1. Copy of the denial letter / Explanation of Benefits
2. Letter of medical necessity from your treating clinician addressing the denial reason

3. Recent office notes documenting symptoms, exam findings and duration
4. Records of treatments already tried (e.g. physical therapy notes, medication history)
5. Any relevant test results or imaging reports
6. Proof of submission (fax confirmation, certified mail receipt or portal screenshot)

Deadline Reminders

1. Confirm the internal appeal deadline on your denial notice. For most ACA and employer plans it is at least 180 days from the notice.
2. If your situation is urgent, ask for an expedited appeal. ACA plans generally must decide urgent appeals within 72 hours.
3. If the internal appeal is denied, you may be able to request independent external review, generally within 4 months for ACA plans.
4. Medicare and Medicaid plans use different deadlines. Check your notice.

How to Send Your Appeal

- [] Read the letter carefully and fix anything that isn't accurate.
- [] Sign and date the letter.
- [] Attach a copy of your denial letter or Explanation of Benefits (EOB). Keep the original.
- [] Attach supporting records, such as a letter from your doctor, office notes and test results.
- [] Make copies of everything you send and keep them together.
- [] Send it the way your denial letter says: fax, certified mail with return receipt, or your plan's member portal.
- [] Write down the date you sent it and keep the fax confirmation, mail receipt or portal screenshot.
- [] Follow up if you haven't heard back within about 30 days (sooner for urgent requests). Note who you spoke to and when.
- [] If the appeal is denied again, ask about independent external review. Your final denial letter should explain how.

General checklist only. It isn't legal advice. Follow the instructions and deadlines on your own denial notice.

About this sample

This is a sample made with fictional placeholder details to show the format of a DenialWin letter packet. Your packet is written from your own details. Document preparation only, not legal or medical advice. Official help: [healthcare.gov/appeal-insurance-company-decision](https://www.healthcare.gov/appeal-insurance-company-decision) and your state insurance department.

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