

## Example letter for a “not medically necessary” denial

Situation:

A medical provider billed you for a denied claim. You decide to appeal the denied claim since you asked how much it would cost before receiving the services and the doctor who is contracted by the plan told you the plan would cover the ultrasound after a \$30 copay.

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[Your name, address, policy number]

[Date]

[Contact information for your insurer’s appeals department]

To whom it may concern:

I’m appealing your company’s decision to deny payment to Dr. Wilson for the ultrasound I received on [date/month/year] – Claim No. 2596BG. The reason listed on the denial is “not medically necessary.”

Before I had the ultrasound, I asked Dr. Wilson’s office, which is a contracted provider, how much would I have to pay out of pocket for the ultrasound. His office said I would be responsible for only a \$30 co-pay.

Attached you’ll find the letter from my doctor describing:

- Why he found it medically necessary to perform the ultrasound.
- The chart notes from my office visit.
- The recommendation of why I should have this ultrasound.
- A recent article explaining that ultrasounds for situations like mine (high enzyme count in the liver) are standard-practice.

Please let me know if you need any other information to review my case (via phone: 253-555-7890).

I look forward to rectifying this outstanding bill in a timely manner.

Sincerely,

[Your name]

[Your phone number]