

Example letter to request payment to an out-of-network provider

Situation: You have a rare form of cancer and want a second opinion. There's an expert doctor nearby, but she's not in your health plan's network.

[Your name, address, and policy number]

[Date]

[Contact information for your health insurer's appeals department]

To whom it may concern:

I'm appealing your company's decision to deny my request for a second opinion from a provider outside of your network.

I understand my current policy is not obligated to pay for this, but I would like to request an exception.

Before I start any treatment, I'd like to be confident that:

- 1) The type of cancer was correctly identified.
- 2) The course of treatment recommended will be effective.
- 3) There is no other kind of treatment available that is less invasive.

I'd like to obtain an opinion from Dr. Miller – a renowned specialist in this type of cancer - who is located in Seattle and isn't in my plan's network.

When I requested a second opinion on June 2, your account manager, Dawn Jones, told me my plan would authorize a second opinion from a provider within my covered network only. I do not believe this will be adequate, since I live in Spokane and have already seen the one and only provider in the area who has experience treating this rare cancer. To consult with a second specialist will require a visit out of network.

I understand that my health plan will pay for treatment administered by my in-network provider only. This is a request for authorization to obtain only a second opinion from an out-of-network provider.

Thank you for considering this request for an exception to the policy.

Sincerely,

[Your name]

[Your address and phone number]