Appeal a denied claim

A letter asking your plan to reconsider a denial of a scleral lens claim or a prior authorization. Send it with your doctor's letter, the records that answer the denial reason, and a copy of the denial notice.

Who fills it in: you, the patient (or a parent or carer). Your eye doctor usually sends a separate letter of medical necessity.

How to use it

- Type into the boxes in a PDF reader (Adobe Acrobat Reader, Preview on a Mac, your phone's Files app, or your browser), then save or print. Or print it and write in pen.
- Leave blank anything you don't know yet. Cross out or delete anything that doesn't fit your situation, and add what's missing.
- **The letter starts on page 2.** Print only the pages you need.
- Deadlines and the steps for external review: sclerallensguide.com/insurance/appealing-a-denied-claim/

Before you send it

- **Read it through and make it yours.** Change anything that isn't right. Plain, accurate and specific is better than formal.
- **Attach the evidence.** Your letter supports your doctor's letter and records; it doesn't replace them.
- **Keep copies and notes.** Keep your originals and send copies. For each phone call, note the date, time, name and title of the person you spoke to, and what was said.
- **Check the address.** Appeals often go to a different address or fax than claims. Your denial letter usually says where.

This isn't legal advice

These letters are general starting points, written for US health plans. Plans, rules and deadlines differ and change. Your denial letter and plan documents set out the process that applies to you. If you need help, your state's Consumer Assistance Program or Department of Insurance may be able to help with an appeal or external review.

Your name

Date

Your address, phone and email

To: plan name as on your card

Department and address from your denial letter, card or plan website

Member name

Date of birth

Member ID

Group number (optional)

Claim or reference number

Date of the denial notice

Date or dates of service

Re: Request for internal appeal

To whom it may concern:

I am writing to appeal your decision to deny coverage for:

Your notice, dated as above, gives the reason as:

I am asking for a full and fair review of that decision.

My eye condition

Eyes affected right, left or both

My eye doctor

of (practice)

My eye doctor prescribed scleral contact lenses because:

Before scleral lenses, I tried the following. They did not give me the vision or comfort I need. (optional)

This affects my daily life (optional):

☐ My doctor considers my situation urgent. I am asking you to review this as an expedited request.

Enclosed with this letter:

- [ ] A copy of the denial notice
- [ ] A letter of medical necessity from my eye doctor
- [ ] Supporting records, including test results

Anything else:

Please consider all of the enclosed information. Please also send me a copy of the plan provision and any clinical criteria used in making this decision. If you need anything more, please contact me, or contact my eye doctor at the practice named above.

Thank you for your review. I look forward to your written decision.

Sincerely,

_____

Signature

Your name