

Insurance Claim Appeal Submission Example

Claimant Name

John Doe

Policy Number

ABC12345678

Date of Service

2024-05-10

Claim Number

CL20240601001

Insurer

BestLife Insurance Co.

Reason for Appeal

I am submitting this appeal regarding denial of my insurance claim for services provided on May 10, 2024. The explanation of benefits stated that the claim was denied due to "not medically necessary." However, my physician, Dr. Smith, has provided documentation that the procedure was medically necessary for my condition.

Supporting Documentation

- Letter of Medical Necessity from Dr. Smith
- Itemized Bill from Healthcare Provider
- Copy of Denial Letter from Insurance Company
- Relevant Medical Records

Signature

John Doe

Date: 2024-06-12