MARVIX AI

APPEAL DENIAL LETTER TEMPLATE

Questions? Visit us at
www.marvix.ai

1 PATIENT INFORMATION

PATIENT NAME

DATE OF SERVICE

DOB

INSURANCE / PAYER

AGE / SEX

MEMBER ID

MRN / PATIENT ID

GROUP NUMBER

POLICY NUMBER

2 PROVIDER INFORMATION

PROVIDER NAME

NPI

CREDENTIALS

TAX ID

SPECIALTY

PHONE

PRACTICE / FACILITY NAME

FAX

ADDRESS

3 RECIPIENT / PAYER INFORMATION

INSURANCE COMPANY / PAYER NAME

PHONE

APPEALS DEPARTMENT

FAX / PORTAL SUBMISSION

ADDRESS

4 DENIAL INFORMATION

DENIED MEDICATION / PROCEDURE / SERVICE / DEVICE

ORIGINAL PRIOR AUTHORIZATION NUMBER

CLAIM NUMBER, IF APPLICABLE

DENIAL DATE

REFERENCE NUMBER

DENIAL REASON

5 REQUESTED ACTION

APPEAL TYPE (STANDARD / EXPEDITED / PEER-TO-PEER)

URGENCY LEVEL

REQUESTED OUTCOME

REQUESTED APPROVAL PERIOD

6 DIAGNOSIS INFORMATION

PRIMARY DIAGNOSIS

ICD-10 CODE

SECONDARY DIAGNOSIS, IF APPLICABLE

ICD-10 CODE

7 CLINICAL SUMMARY

Patient's Condition:

Relevant Medical History:

Current Symptoms / Functional Limitations:

Disease Severity / Clinical Status:

8 SUMMARY OF DENIAL REASON

Payer's Stated Reason for Denial:

Unmet Criteria Cited:

Missing Documentation Cited:

Coverage Policy Referenced:

9 RATIONALE FOR APPEAL

Medical necessity of the denied service, clinical indication, prior treatment history and response to prior therapies, the risk to the patient of delay or continued denial, and the expected clinical benefit — addressing directly the payer's stated reason for denial...

10 SUPPORTING DOCUMENTATION

PROGRESS NOTES

MEDICATION HISTORY

PRIOR AUTHORIZATION REQUEST

THERAPY NOTES

DENIAL LETTER

SPECIALIST RECOMMENDATIONS

LAB RESULTS

GUIDELINES / LITERATURE, IF APPLICABLE

IMAGING REPORTS

PROCEDURE REPORTS

OTHER ATTACHMENTS

11 APPEAL REQUEST STATEMENT

Request for Reconsideration:

Requested Approval:

Contact for Peer-to-Peer Review:

Contact for Additional Information:

CS CLOSING STATEMENT

Provider Contact Information:

Follow-Up Instructions:

SO SIGNATURE

PROVIDER NAME	CREDENTIALS	SIGNATURE	DATE	TIME