

Sample appeal template

Insurance denied your treatment? Use our easy template to create and submit an appeal.

Insurance Denial Appeal Letter Template

How to use this template: Replace all [bracketed] fields with your information. Sections marked with 💡 will need evidence specific to your unique case – like clinical studies, applicable state and federal laws, and details of your specific policy. Don't skip it – strong evidence is critical to an effective, winning appeal!

FROM:

[Your Full Name]
[Your Address]
[City, State, ZIP]
[Your Phone Number]
[Your Email Address]
[Date]

TO:

[Insurance Company Name] Appeals Department
[Insurance Company Address]
[City, State, ZIP]

Re: Appeal of Denial of Coverage

Member Name: [Your Full Name]

Member ID: [Your Member ID Number]

Claim/Reference Number: [Claim or Prior Authorization Number]

Medication/Treatment: [Medication Name and Dosage]

Date of Denial: [Date on Denial Letter]

Dear Appeals Team,

I am writing to formally appeal **[Insurance Company]**'s denial of coverage for **[Medication Name]**, prescribed by my physician, **[Physician Name, Credentials]**, for the treatment of **[Your Diagnosis]**. The denial letter dated **[Date]** cites **[State the Insurer's Reason for Denial — e.g., "failure to meet step therapy requirements," "formulary exception not approved," "treatment not deemed medically necessary"]**. I respectfully submit that this denial is unsupported by the clinical evidence, my documented medical history, and **[applicable state and/or federal law]**.

*If you've been denied for a medication you are currently taking, you may qualify for expedited review of your appeal. Include the paragraph below if this applies to you, and put **[EXPEDITED REVIEW REQUESTED]** in the subject line.*

I am requesting an **expedited review** of this appeal, as the delay in treatment poses a direct and serious risk to my health.

My Diagnosis and How It Affects My Life

I have been diagnosed with **[Condition/Disease, including ICD-10 code if known]**, a **[brief clinical description — e.g., "chronic inflammatory condition affecting..."]**. My condition is further complicated by **[list any relevant comorbidities or co-occurring conditions]**.

Since **[the denial / the interruption of treatment / the onset of symptoms]**, I have experienced **[describe your specific symptoms and their severity — e.g., pain levels, fatigue, mobility limitations, cognitive effects]**. These symptoms directly affect my ability to **[describe impact on daily life — e.g., work, care for family, perform basic tasks, sleep, maintain mental health]**.

Be specific. Describe what a typical day looks like. Name the activities you can no longer do or that cause you significant difficulty. The goal is to make the human cost of this denial undeniable.

Prior Treatments Tried and Failed

I have made every reasonable effort to manage my condition with alternative treatments before arriving at **[Medication Name]**. The following therapies were tried and failed due to ineffectiveness or intolerable side effects:

Medication/Treatment	Date(s) Used	Outcome
[Medication 1]	[Approximate dates]	[Why it failed — e.g., "No meaningful symptom improvement after X months"]
[Medication 2]	[Approximate dates]	[Why it failed — e.g., "Discontinued due to severe side effects including..."]
[Medication 3]	[Approximate dates]	[Why it failed — e.g., "Allergic reaction requiring discontinuation"]
[Lifestyle interventions, if relevant]	[Approximate dates]	[Outcome]

These documented failures satisfy step therapy and prior authorization requirements. Requiring additional trials of medications in the same class or with similar mechanisms of action — when multiple alternatives have already proven ineffective or harmful — serves no clinical purpose and only delays appropriate care.


Why This Medication Is Medically Necessary

[Medication Name] was prescribed by **[Physician Name]** based on my specific clinical profile, treatment history, and the current standard of care for **[Condition]**. My physician has submitted a Letter of Medical Necessity supporting this appeal.

Since **[starting / being on] [Medication Name]**, I have experienced **[describe any improvements if you have already been on the medication — e.g., reduced symptoms, improved lab values, restored function]**. *If you have not yet started the medication, describe what your physician expects it to achieve and why it is the appropriate next step given your history.*

Without continued access to **[Medication Name]**, I face **[describe the clinical risks of going without treatment — e.g., disease progression, irreversible damage, hospitalization, worsening comorbidities]**.

Clinical Evidence Supporting This Treatment

 *This is the most research-intensive section of your appeal and one of the most likely to determine if it succeeds. We recommend citing recently published studies, clinical guidelines, or expert recommendations that support the use of your specific medication for your specific condition. Sources to look for:*

- *FDA approval and labeled indications for [Medication Name]*
- *Published clinical trials demonstrating efficacy (look for landmark trials by name)*
- *Professional society guidelines (e.g., from the American College of Rheumatology, the Endocrine Society, NCCN, etc.)*
- *Comparative effectiveness studies showing superiority over the alternatives your insurer wants you to try*
- *Review articles or meta-analyses in peer-reviewed journals*


The clinical evidence supporting **[Medication Name]** for the treatment of **[Condition]** is well-established:

[Study/Guideline 1 — Name, Author, Year] demonstrated that **[brief summary of relevant finding — e.g., "patients treated with [Medication] achieved a [X%] improvement in [outcome] compared to [comparator]"**].

[Study/Guideline 2] found that **[brief summary of relevant finding, especially if it addresses why your medication is superior to the alternatives the insurer prefers]**.


[Professional Society Guideline, if applicable] recommends **[Medication Name]** as **[first-line / appropriate therapy / standard of care]** for patients with **[your condition profile — e.g., "patients who have failed two or more conventional therapies"]**.

These findings confirm that **[Medication Name]** is not an experimental or optional treatment — it is the evidence-based standard of care for patients in my clinical situation.

 Getting the right citations matters enormously. A strong appeal doesn't just say "studies support this medication" – it names specific trials, quantifies outcomes, and directly addresses the insurer's stated reason for denial. Be thoughtful and avoid errors – citing retracted studies, irrelevant trials, or outdated guidelines) can actively hurt your case.

Luckily, this is exactly what Claimable was built to do. Our platform matches your exact diagnosis, medication, and treatment history to a verified database of clinical trials, society guidelines, and FDA approvals, so every citation is relevant, current, and real. We check every single one to ensure there are no hallucinations or misapplications that could put your appeal at risk.


Your Denial Does Not Align With Your Own Coverage Policies

 Review your insurer's summary plan description, coverage policy, clinical policy bulletin, or formulary criteria for your medication. These are often publicly available on the insurer's website. Warning – they can be dense, confusing, frequently updated. Look for:

- The specific criteria for coverage (diagnosis codes, prior medication failures required, etc.)
- Whether you already meet those criteria based on your treatment history
- Any contradictions between the denial reason and their own published policy
- Any examples of your insurer approving coverage for a similar case or cases

According to **[Insurance Company]**'s own coverage policy for **[Medication Name / drug class]**, coverage is indicated when **[summarize the relevant criteria — e.g., "the patient has a confirmed diagnosis of [Condition] and has tried and failed at least two [alternative treatments]"**]. As documented above, I meet **[all / each of]** these criteria. The denial of my claim is therefore inconsistent with your own published guidelines.


Applicable State and Federal Law

 This section requires research into laws specific to your state and insurance type (employer plan, ACA marketplace, Medicaid, etc.). Use the sections below that apply to your case based on your research.

[State]'s **[Name of Relevant Law, Year]** provides patients the right to **[summarize the relevant protection — e.g., "an exception to step therapy requirements when the patient has previously tried and failed the required medications"**]. My appeal meets the criteria for such an exception.

Additionally, **[Insurance Company]** was required to respond to my provider's prior authorization request within **[X]** business days under **[Citation to State Law or Regulation]**. **[If applicable: The request was submitted on [Date], and [X] days have elapsed without response, placing [Insurance Company] out of compliance with this requirement.]**

Under **[federal law, if applicable — e.g., ERISA, ACA]**, I am entitled to a full and fair review of this denial, including review by a qualified clinician with relevant expertise in **[your condition]**.

 *Knowing which laws apply to your specific plan type and state (and citing them accurately) can transform an appeal from a personal request into a legal demand. Claimable identifies the exact statutes and regulations relevant to your case so you don't have to become a health policy expert overnight.*

Request for Review and Approval

Include #3 below if your appeal qualifies for expedited review, and add “expedited” into the section title above. Appeals qualify for expedited review when the standard timeframe could cause serious harm, such as if you’re currently taking the medication and a denial would interrupt treatment, or if there’s medical evidence to support that delaying treatment would materially worsen outcomes.

For the reasons set forth above — the documented failure of prior treatments, the clinical evidence supporting **[Medication Name]**, the alignment with your own coverage criteria, and the serious health consequences of continued delay — I respectfully request that **[Insurance Company]**:

1. **Approve coverage for [Medication Name]** without further delay.
2. **Override the [step therapy requirement / formulary exclusion / other barrier]**, consistent with the clinical evidence and my treatment history.
3. **If applicable Process this appeal on an expedited basis**, given the direct risk to my health from continued interruption of care.

Please contact me at **[Phone Number]** or **[Email Address]** within **[72 hours / timeframe required by your state's law]** with your decision.

Supporting Documentation Enclosed


The below documents can be powerful assets. Include any that you have access to.

- Letter of Medical Necessity from **[Physician Name, Credentials]**
- Relevant medical records and treatment history
- Published clinical studies and guidelines referenced in this letter
- **[Any additional documents: prior appeal decisions, lab results, imaging, etc.]**

Sincerely,

[Your Full Name]

Citations & References

 *A well-cited appeal signals to the reviewer that your case is grounded in evidence, not just emotion. List every study, guideline, and law you referenced in the body of your letter. You can use the fill-in-the-blank formats for the most common citation types below. If this seems like a heavy*

lift, don't worry: Claimable automatically identifies, verifies and formats the exact references your appeal needs. No PubMed deep-dives required.

Clinical Studies & Guidelines

[Last Name of First Author] et al. "[Title of Study]." [Journal Name], vol. [Volume], no. [Issue], [Year], pp. [Page Range]. DOI: [DOI Number or URL]. — Cited for: [Brief note on what this study supports in your appeal, e.g., "Efficacy of [Medication] vs. placebo in [Condition]"

Insurer Coverage Policies

[Insurance Company Name]. "[Title of Clinical Policy Bulletin or Coverage Policy]." Policy No. [Number], effective [Date]. Available at: [URL]. — Cited for: [e.g., "Insurer's own criteria for coverage of [Medication], which the patient meets"]

State & Federal Law

[State Name] [Name of Law or Act], [Bill Number if applicable], [Statutory Citation — e.g., 215 ILCS 134/XX], ([Year Enacted]). — Cited for: [e.g., "Step therapy override rights when patient has failed required prior treatments"]

Prior Appeal Precedents

[Case or Decision Reference — e.g., External Review Case No. XXXX], [Reviewing Body — e.g., State Department of Insurance / Independent Review Organization], [Date of Decision]. — Cited for: [e.g., "Denial overturned for patient with similar diagnosis and treatment history"]

Add or remove citation entries as needed. Number your references consistently and ensure each one is referenced in the body of your letter.

This template was created by [Claimable](#) to help patients advocate for themselves when insurance denials stand between them and medically necessary care. For a personalized, AI-powered appeal with the exact clinical studies, legal citations, and policy-specific arguments your case needs, visit [getclaimable.com](#).

What's inside a Claimable appeal

This template gives you the structure of a strong appeal. But structure alone doesn't overturn denials – the right evidence does. And assembling that evidence yourself means hours of research across clinical databases, insurer policy documents, and state law, with no guarantee you've found the right sources or that what you've found is accurate.

That's the problem Claimable was built to solve.

A Claimable appeal includes everything in this template, plus:

Guided data collection designed for appeals. Claimable's appeals tool asks you the specific questions that matter for building the strongest possible argument: Your diagnosis, treatment timeline, symptoms, failed medications, plan type, and more. It knows what to ask because it was purpose-built for insurance appeals and designed by experts who know how to win.

Verified clinical evidence matched to your case. Claimable identifies the published studies, professional society guidelines, and FDA labeling that directly support your medication for your condition. We cross-check every citation to ensure it's real, current, and relevant. No hallucinated studies, no outdated guidelines, and no generic filler.

Insurer-specific policy analysis. Your appeal is mapped against your insurer's actual coverage criteria, formulary rules, and clinical policy bulletins, so the argument speaks the same language the reviewer is using to evaluate your claim.

State and federal legal citations. Claimable identifies the exact laws that apply to your plan type, state, and denial reason (including step therapy override rights, prior authorization timelines, and external review protections) verified against current statutes.

HIPAA-compliant and SOC II certified. Your health information is sensitive. Claimable is built to healthcare-grade security and privacy standards – something a general-purpose AI chatbot isn't. Your medical details stay protected.

A complete, ready-to-submit appeal. Not a rough draft you need to research, fact-check, and rewrite. A fully personalized, evidence-backed letter with proper citations, legal grounding, and a clear argument tailored to your specific denial.

Your insurer has teams of people and automated systems working to deny your claim. Claimable levels the playing field. [Build your appeal at getclaimable.com](https://getclaimable.com)





PATIENT RESOURCE

About Claimable

Claimable is on a mission to help everyone get the care they need and coverage they deserve by making it easy to appeal unjust insurance denials. Our simple-to-use platform has helped thousands of patients build and submit powerful, evidence-backed appeals and win back coverage. Claimable is fully compliant and SOC 2 Type II certified, ensuring the gold standard of security and privacy.



SOC2
TYPE II
certified



HIPAA
compliant