

Healthcare Appeal Letter

[Your Hospital Letterhead]

[Date]

[Insurance Company Name]

[Insurance Company Address]

****RE: Appeal for Patient P1001 - Readmission Coverage****

Dear [Insurance Appeals Department],

This letter is to appeal the denial of coverage for the recent readmission of patient P1001, a 65-year-old female with diabetes. She was readmitted within 30 days of a previous discharge. We understand this falls under your policy for potential non-coverage of readmissions. However, we believe this readmission was clinically necessary and request your reconsideration.

P1001's readmission was due to [briefly and clearly explain the reason for readmission, linking it to the diabetes diagnosis]. Her unique circumstances, including her age, admission type ID [state the ID number], and history of emergency room visits (number_emergency: [state the number]), outpatient visits (number_outpatient: [state the number]), and procedures (num_procedures: [state the number]), all contributed to the complexity of her condition and necessitated the readmission for appropriate management.

We believe the readmission prevented a more serious and potentially costlier health crisis. Attached

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are supporting medical records documenting the clinical necessity of her readmission. We request that you review these records and reconsider your decision regarding coverage.

Please contact me at [Your Phone Number] or [Your Email Address] should you require any further information.

Sincerely,

[Your Name]

[Your Title]

[Your Hospital]