

2016-10-02 1 1 1 1 Dear 1, Please accept this letter as my appeal to 1's' decision to deny coverage for 1. It is my understanding that this procedure has been denied because: 1 As you know, I have been diagnosed with 1. Currently 1 believes that I will significantly benefit from undergoing 1. Please see the enclosed letter from 1 for more details. Based on this information, I asking that you reconsider your previous decision and allow coverage for the desired 1. [The treatment is scheduled to begin on 2016-10-02.] Should you require additional information, please do not hesitate to contact me at 1. I look forward to hearing from you in the near future. Sincerely, 1 1.