**Sample Letter of Rejected Claim for Entyvio**

[Physician’s letterhead]

[Date] [Patient’s name]

[Health plan’s name] [Date of birth]

ATTN: [Director of Claims] [Case ID number]

[Health plan’s address] [Dates of service]

[City, State ZIP]

Re: Appeal for My Patient’s Rejected Medical Claim

Dear [Director of Claims],

A claim was recently denied for my patient, [patient’s name], which requested Entyvio® (vedolizumab) for the treatment of [Crohn's disease/ulcerative colitis] ([insert appropriate ICD-10-CM code here]).

I am appealing the denial because I believe Entyvio is medically necessary in my patient’s case. As the explanation of benefits did not provide adequate evidence behind the decision, I am asking you to provide the following information so I can better understand how you came to your determination:

* Name and credentials of the representative who reviewed [patient’s name]’s case on [date of service]
* Records and documents reviewed during your decision-making process
* List of necessary information, if any, that was not initially provided to help overturn the claim decision

I have included a Letter of Medical Necessity, which provides my clinical rationale and relevant information about the patient's medical history and treatment. If you have any further questions about my request, please contact me at [physician’s phone number] or via e-mail at [physician’s e-mail]. Thank you for your time and consideration.

Sincerely,

[Physician’s signature]

**Enclosures**

[List enclosures, which may include the explanation of benefits/denial letter, copies of original claim form, Letter of Medical Necessity, clinical notes/diagnostic pathology report, medication records, relevant laboratory reports that support the need for Entyvio, Entyvio Prescribing Information, and other supporting documentation.]

US-VED-1124v1.0 10/21