

Appeal Template

Request for a Peer-to-Peer Evaluation of a Case

[Date of Submission]

[Health Plan Name]

[Health Plan Address]

[City, State Zip]

Re: [Insert Patient Name and Date of Birth]

Member ID#: [Insert Member ID Number]

Member Name: [Insert Member Name if not Patient]

Group Name: [Insert Group Name]

Group ID#: [Insert Group Number]

Dear Claims Department:

I am writing in response to a denial received for [patient's name] for dates of service [insert date range]. [Health Plan] denied payment for such services citing [insert denial information].

[Patient's name] needs [insert specific case and clinical information here to make the case for additional visits]. [Treating clinician's name], writes in the enclosed report that [patient's name] [insert specific evidence from the evaluation report and/or clinical note to support this treatment].

As the treating provider, I am requesting a peer-to-peer discussion of this case with a reviewer to better understand the reasons for this denial and the beneficiary's options moving forward as this patient needs the recommended treatment to meet their clinical and personal goals. Please advise on next steps for implementing a peer-to-peer review. My contact information is provided below.

Sincerely,

[Treating clinician's name]

[Practice Name]

[Address]

[City, State Zip]

[Phone Number]

[Email]

[NPI]