

Sample Insurance Appeal Letter

Courtesy of



CareFirst BlueCross Blue Shield
PO BOX 804
Owings Mills, MD 21117-9998

In reference to:

Jane Doe
123 Main Street
Rockville, MD 20850

Insurance Policy # XOM52300000552
Claim # RBG09873647578892

To Whom It May Concern:

I am writing to appeal a denied claim for medical weight loss treatments and anti-obesity medications.

My doctor and I feel it is important that I reduce my weight, both for my current health and to prevent weight-related health problems in the future. I am therefore asking you to reconsider coverage of my medical weight loss treatments.

My height and weight are 5 feet 3 inches and 220 pounds, respectively. My BMI is 39.

In addition, my doctor is treating me for:

High Blood Pressure
High Cholesterol

I can be reached at 301-637-6316 if you have any questions.

Sincerely,

Jane Doe