

## Appendix

### **SAMPLE Appeals Letter**

**Heading with Name of Claimant, Address, Phone Number  
Insurance Identification Number, and Date-of-Birth**

I have an eye melanoma that Dr. XXX has been following since July 29, 1994 when it was first diagnosed. In his examination of my eye on May 12, 2008 Dr. XXX detected significant growth and decided surgery was necessary.

On May 20, 2008 he wrote a letter at my request to XXX Health Insurance Company asking permission to operate on me at XXX Hospital. That approval was granted by XXX Health Insurance Company.

Subsequent to the surgeries (one to implant a radioactive plaque, another to remove it one week later), XXX Insurance Company paid Doctor XXX's fees, the anesthesiologist's fees, and the radiologist's fees. The hospital bill was not approved.

#### **Summary and Conclusions**

1. Because of Dr. XXX's prognosis of a "rapidly growing melanoma", and because of the delay a referral from my primary physician would have entailed, Dr. XXX, on my behalf, appealed directly in writing to XXX Insurance Company for pre-approval of the out-of-network procedures at XXX Hospital. The faxed-in request was granted.
2. The surgical procedures including hospital, radiology and anesthesiology were approved **three times** by XXX Insurance Company. The first was a verbal approval, the second a written approval, and the third time through a telephone conversation the insurance administrator of Dr. XXX's office had with Ms. XXX of XXX Insurance Company (telephone # 1-800-555-0000) on July 17, 2008. Ms. XXX from the insurer said that all of my claims should be and would be approved.
3. Dr. XXX operates **only** at XXX Hospital, so the surgeries could only have been performed there.
4. XXX Insurance Company paid the radiology service at XXX Hospital for preparing the radioactive plaque, paid Dr. XXX for his services at XXX Hospital, paid the XXX Hospital anesthesiology service for both surgeries, but didn't pay the hospital itself. Yet, all were part and parcel of the same pre-approved operating services.
5. I am requesting that XXX Insurance Company pay the outstanding pre-approved bills to XXX Hospital as stipulated in my XXX Insurance Company contract and as described above.

**[Attachments not shown here include proof of all the claims made in the letter.]**