

Re:

To whom it may concern:

My name is \_\_\_\_\_ and I am a \_\_\_\_\_ writing on behalf of  
my patient, \_\_\_\_\_, to request coverage for \_\_\_\_\_.

We understand that the reason for your denial is \_\_\_\_\_. However, we  
believe that \_\_\_\_\_ is the appropriate treatment for my patient. In support of our  
recommendation for \_\_\_\_\_ treatment, we have provided an overview of my patient's relevant clinical  
history below.

\_\_\_\_\_ are enclosed, which offer additional support for the formulary exception request for  
. Please consider coverage of \_\_\_\_\_ for my patient.

Please feel free to contact me, \_\_\_\_\_, at \_\_\_\_\_ or  
at \_\_\_\_\_ for any additional information you may require. We look forward to receiving your timely response  
and approval of this claim.

Sincerely,