

SAMPLE LETTER TO INSURANCE CARRIER FOR REFUSAL TO
AUTHORIZE PAYMENT

(Date)

(Medical Director)
(Name of Insurance Company)
(Address)

RE: *(Patient Name)*

Dear *(Medical Director)*:

On *(date)* I prescribed *(treatment/test)* for the aforementioned patient. On *(date)* your company refused to authorize payment for that *(treatment/test)*. I find that I must take issue with your determination. In my professional medical opinion, I firmly believe that *(Patient Name)* would benefit from the prescribed *(treatment/test)* for the following reasons:

List patient's illness/condition, describe why such a treatment/test is necessary, describe problems that could ensue because of failure to perform test

For these reasons, I urge you to reconsider your refusal to authorize payment for the *(treatment/test)* I have prescribed for my patient. By copy of this letter to my patient I emphasize my suggestion that s/he obtain the *(treatment/test)*, despite your refusal to authorize payment.

Very truly yours,

(Typed Physician Name)

cc: *(Patient Name)*