

SAMPLE INFORMED REFUSAL LETTER TO PATIENT

(Date)

(Patient Name)

(Patient Address)

(Patient Address)

Dear **(Patient Name)**:

Please be advised that I have deep concern regarding your decision to forego the **(treatment/test)**, based on your insurance carrier's refusal to authorize payment for the test. On **(date)**, when I prescribed **(treatment/test)**, I had explained the medical benefits, risks and alternative treatment options for same, and my firm belief that it was a medical necessity. During our conversation on **(date)**, I again explained, and elaborated on, the potential consequences of your refusal.

For your health and well-being, I recommend that you seriously reconsider your decision to forego the **(treatment/test)** in light of the potential consequences of not having it performed. I also recommend that you appeal the denial of benefits from your insurance carrier. My staff and I will gladly assist you with the appeal. Please call the office and speak with **(Name of staff member)** if you would like our assistance.

Should you wish to discuss this further, please do not hesitate to contact me.

Very truly yours,

(Typed Name)