



Dear CHA Client:

Thank you for contacting Community Health Advocates (CHA) for help with your appeal! CHA is a free program that helps New Yorkers get, keep, and use health insurance.

You called us for help because your insurance company will not pay your claim because it says it is not medically necessary. You have the right to appeal. Many clients win their appeals. It's not difficult. Just follow these simple steps:

**(1) Get a letter of support from your doctor with any supporting medical records.**

This is the most important part of your appeal. We've enclosed a model of a doctor's letter that your doctor can use to write a letter supporting your appeal. We've enclosed a tip sheet to help your doctor write a good letter.

Remember that a successful appeal can get your doctor paid too, so your doctor should want to help. You can still appeal without a doctor's letter, but it will be harder to win.

**(2) Write your letter of appeal.**

Just fill in the enclosed model form. It's simple.

**(3) Make copies of everything. Keep your copies safe.**

**(4) Send your letter, the letter from your doctor, and any supporting medical records to your plan's address for appeals.**

You can find the proper plan address (or fax number) in the insurance company's denial letter or explanation of benefits, or by calling your plan.

**Act quickly** because you only have a limited time to file your appeal. Keep a copy of anything you send to the plan and write down the date you sent it.

Call our helpline at 888-614-5400 if you have questions. Tell us if you've called before so that we can see all the information we have about your case.

Sincerely,  
CHA Helpline Team



[www.communityhealthadvocates.org](http://www.communityhealthadvocates.org)

Community Health Advocates is a program of the  
Community Service Society of New York.

633 Third Avenue, 10<sup>th</sup> Fl  
New York, NY 10017  
PH 888-614-5400  
FAX 212-614-5378

[ Your Name ]  
[ Your Address ]

[ Insurance Plan's Address for Appeals ]

Note: You can find this on your denial notice, in your benefits book, or by calling your plan.

[ Date ]

Re: [ Name of Person Whose Claim or Bill Was Denied ]  
Insurance ID: [ Enter the insurance ID # for the person whose claim was denied ]  
Date of Birth: [ Enter the birth date for the person whose claim was denied ]  
Claim Number: [ You can find this on your explanation of benefits or denial letter ]  
Date of Service: [ This should be on documents from your plan or on your bill ]  
Provider: [ Name of doctor and/or hospital ]

To Whom It May Concern:

I write to appeal your denial or partial denial of the treatment or payment for the treatment described above. These services were medically necessary. Please find enclosed a letter from my doctor [ and medical records, if applicable ] supporting my appeal.

[ In the next paragraph or two, describe your condition and the treatment. How do you feel when you miss treatments? How does the treatment make you feel better? What kinds of things can you do with the help of the treatment that you can't do without it? What other treatments did you try that didn't work? Tell your story and explain why the treatment is important to you and how it is beneficial. ]

As a result, please cover this [ denied service ]. Thank you for your attention to this matter. If you have any questions, please call me at [ your phone number ].

Sincerely,

[ Your Name ]

[Attachments:] [List of Attachments, if any]



[www.communityhealthadvocates.org](http://www.communityhealthadvocates.org)  
Community Health Advocates is a program of the  
Community Service Society of New York.

633 Third Avenue, 10<sup>th</sup> Fl  
New York, NY 10017  
PH 888-614-5400  
FAX 212-614-5378

*[ Print on your letterhead, attach relevant medical records, and return to patient. ]*

Appeals & Grievance Department

*[ Insurance Plan Name ]*

*[ Insurance Plan Address ]*

*[ Date ]*

Re: *[ Name of Person Whose Claim Was Denied ]*

Insurance ID: *[ Enter the insurance ID for the person whose claim was denied ]*

Date of Service: *[ This should be on documents from the insurer or on the bill ]*

To Whom It May Concern:

I write on behalf of my patient, *[ patient's name ]*, who has been under my care for *[ amount of time ]*. *[ S/he ]* suffers from *[ diagnosis(es) ]*. To treat these conditions, I have *[ recommended/performed ] [treatment/prescription/item/service]*.

This recommended treatment is medically necessary for the following reasons:

*[ Describe your reasons for recommending this treatment. Please refer to our "Four Tips for Writing an Effective Letter of Medical Necessity." This is the part of your letter where you need to convince the reader that this treatment is necessary and appropriate. This may be more than one paragraph, if needed. ]*

Please reconsider your denial of this *[ denied service ]*. Thank you for your prompt attention to this matter. If you have any questions, please call me at *[ phone number ]*.

Sincerely,

*[ Your Name ]*

*[ Your Title ]*

*[ Attachments: ] [ List of Attachments, if any ]*



# LETTERS OF MEDICAL NECESSITY

## *Tips for Doctors to Help Win Patients' Appeals*

Nobody enjoys fighting with insurance companies, but a doctor's skillful support is often the deciding factor that gets a patient's needed treatment approved. And well-crafted appeals *often win*. In New York, around half of patient appeals are successful.

### **Four Tips for Writing an Effective Letter of Medical Necessity:**

#### **(1) Use detail.**

- Describe the patient's medical history under your care.
- Describe the patient's condition and recommended treatment clearly.
- If relevant, discuss unsuccessful attempts at treating the condition.
- Discuss alternative treatments considered and why they are inferior or inappropriate.

#### **(2) Describe why the treatment you recommend is medically necessary.**

- A letter simply saying that the service is "medically necessary" without an explanation is often not enough. Letters are more effective when they back up that conclusion with clear reasons about why this treatment is necessary. For example, a treatment can be medically necessary because it will prevent illness or disability; because it will ameliorate the effects of an illness; because it will allow the patient to maintain maximum functional capacity; or because standard treatments have failed.

#### **(3) If you can, back up the letter with references.**

- Refer to published medical research indicating the treatment is safe, effective, and/or recommended for the patient's condition.
- Point to portions of the patient's medical records that document the condition and/or the positive effect of the treatment.
- Refer to any past personal success using this treatment for the condition.

#### **(4) Be convincing and use an authoritative voice.**

*CHA is a free program that helps New Yorkers get, keep, and use health insurance.*