

Sample Letter of Appeal

[To be completed by the prescriber and printed on the letterhead]

[Date]

[Name of Health Insurance Company]

[Attn:]

[Address]

[City, State, ZIP]

Re: Letter of Appeal for Licart (diclofenac epolamine) topical system 1.3%

Patient: [Patient Name]

Group/Policy Number: [Number]

Date(s) of service: [Dates]

Diagnosis: [Code & Description]

Dear [Insert contact name or department]:

I am writing to request a review of a denied claim for [PATIENT NAME]. The claim was denied for the following reason(s), listed on the attached Explanation of Benefits (EOB).

[Fill in reason(s) from EOB.]

Licart has received approval for the treatment of the acute pain due to minor strains, sprains, and contusions.

Dosage and administration:

- Use the lowest effective dose for shortest duration consistent with individual patient treatment goals
- Do not apply to damaged or non-intact skin
- The recommended dose is one (1) LICART to the most painful area once daily

This letter serves to document that [PATIENT NAME] has a diagnosis of [DIAGNOSIS] and needs treatment with Licart is necessary therapy for [him/her] as prescribed. On behalf of the patient. I am requesting approval for use and subsequent payment for the treatment.