

Date

Insurance Company

Address

To Whom it May Concern:

I am in receipt of your letter dated XXXX explaining a denial of coverage for service/item I received from (name of medical provider/supplier) on date XXXX. I have reviewed my health insurance policy and believe the service/item is one my policy covers for the following reasons stated below.

*Specifically list the provisions in your health insurance policy that your reasoning pertains to and be clear in listing all factual circumstances that support your argument for coverage. If appropriate, include some general background on EB and the impact it has on the health and well-being for your EB family member in order to stress the importance of the service/item being covered by the health insurance policy.*

Based upon these reasons, I request a review of the denial to ensure coverage of the service/item in compliance with my policy.

Should you require further background from myself or my medical provider/supplier in support of my request, please do not hesitate to contact me.

Sincerely,

Name

Health Insurance Policy Number

Contact information