

Sample Letter of Appeal

Re:

Dear Director of Claims:

I am writing to request a review of a denied claim for _____ Your company has denied this claim for the following reason(s) listed on the attached EOB:

Mr./Ms. _____ was administered Neulasta[®] (pegfilgrastim) to decrease the incidence of infection, as manifested by febrile neutropenia. He/she is a patient with a nonmyeloid malignancy receiving myelosuppressive anticancer drugs associated with a clinically significant incidence of febrile neutropenia.

Use of Neulasta[®] in this patient is consistent with the FDA-approved indication.

Neulasta[®] therapy has been essential for this patient's medical condition, and it is my belief that _____ has benefited from Neulasta[®] therapy. I trust that the information enclosed, along with my medical recommendations, will establish the medical necessity for payment of this claim.

Sincerely,