

Sample Letter of Appeal for TRISENOX

The following template is a sample letter of appeal and may be customized on a patient-specific basis to appeal a claim denial for **TRISENOX** (arsenic trioxide) injection therapy.

Date: _____
Contact: _____
Title: _____
Health Insurance Company: _____
Address: _____
City, State Zip Code: _____

Insured: [Name]
Policy Number: [Number]
Group Number: [Number]
Date(s) of Service: [Date of service for claim denial]
Provider Name: [Name]

RE: Request for Reconsideration of Claim Denial for **TRISENOX** (arsenic trioxide) injection

Dear [name or contact]:

SAMPLE

This letter serves as a request for reconsideration of denied claim [insert claim number] for [patient name], policy number [insert policy #]. The denied claim represents treatment of [patient's diagnosis] with **TRISENOX**, which was performed on [date of service].

Patient History and Diagnosis

[Patient name] is a [age] year old [male/female] with a diagnosis of [diagnosis and ICD-9-CM code] as of [date]. [Patient name] has been in [my or treating physician's name] care for [patient's diagnosis] since [date]. [Provide a brief discussion of patient's condition/symptoms and rationale for therapy to date, including other treatments attempted and results, examinations and diagnostic tests performed. Include rationale for **TRISENOX** therapy that was denied].

[Provide a brief discussion of **TRISENOX** including supportive documentation and up-to-date, reference-based, peer-reviewed literature. Include name of article(s) and brief abstract(s) which are most pertinent to case, and a list of other supportive articles].

In my professional opinion, **TRISENOX** therapy was a medically necessary and clinically appropriate treatment for [patient name] on the above referenced date(s). If you have any further questions or require additional information regarding this case, please feel free to call me at [physician telephone number]. Thank you in advance for your immediate attention to this request.

Sincerely,

[Physician name]
[Physician Practice name]
[NPI number or provider number]