

Writing a Letter of Appeal



If you've made a call to the member services department of your plan but the plan still will not cover the medication, then it is best to make your appeal in writing. This way you also have a written record of the actions you took and the dates on which you took them. You can use the sample letter below as a guide.

This sample appeal letter is provided for informational purposes only. Although every prescription drug plan must follow Medicare rules for appeals, each plan may have slightly different procedures. This sample letter may not meet the requirements of your plan. **DO NOT USE THIS LETTER WITHOUT FIRST CHECKING THE SPECIFIC PROCEDURES OF YOUR PLAN FOR APPEAL LETTERS.**

[Your Name]
[Your Address]
[City, State ZIP]
[Your Phone Number]
[Your ID Number]
DOB: [Your Date of Birth]

Date

Prescription Drug Plan Name
Plan Address
City, State ZIP

To Whom It May Concern:

I am writing to request a re-determination. I am covered under your plan and my ID number is [ID number]. On [date], I attempted to fill a prescription for [name of medicine] at the [pharmacy name] Pharmacy located at [pharmacy address]. I requested an exception and was denied. Your coverage determination letter said you were denying my claim because [reason for denial]. I need this medication because [reason why you need this specific medicine].

[I have already paid for the medication and want to be reimbursed. OR I cannot afford to pay for this medication myself and need you to cover it as soon as possible, since I am currently going without it.]

My contact information, as well as that of Dr. [name of physician who wrote prescription], is listed below.

[Name of Doctor Who Wrote Prescription]
[Doctor's Address]
[City, State ZIP]
[Doctor's Phone Number]

Dr. [name of physician] wrote the prescription, and you may contact him/her if medical information is needed for consideration of my appeal. I have included a copy of the [prescription or receipt] for your consideration.

Please provide me with a written explanation of any additional steps I must take for you to process my appeal, as well as a written explanation of the basis for your decision about my claim.

Sincerely,
[Your Name]

You can find this information on the back of your pharmacy ID card - the one you use when you pick up your prescriptions.

Your ID number is on the front of your pharmacy insurance card.

You may need to ask your doctor to provide information explaining why the medicine is "medically necessary."

If you don't have a copy of the written prescription or the pharmacy receipt, list the name of the medication and the dose that you were prescribed. Double check with your pharmacist to make sure that you have spelled everything correctly since the names of many medications are similar.