

<Date>

<Payer Name>

<Payer Address>

<Payer City, State, Zip code>

Regarding: <Patient First and Last Name>

HIC Number: <HIC #>

| <b>Date of Service</b> | <b>Procedure Code</b> | <b>Billed Amount</b> |
|------------------------|-----------------------|----------------------|
| <Date of Service>      | <CPT Code>            | \$ <Billed amount>   |

To Whom It May Concern:

I am requesting a 2nd-Level Appeal. The following items are enclosed relating to <drug name> treatment for <Patient first and last name>, who is being treated for <ICD-10 code> <diagnosis code>.

- Medical literature regarding the use of <drug name> for <ICD-10> <diagnosis name> cancer and/or similar cell type diagnosis
- Relevant clinical documentation such as: history and physical, progress notes, treatment history, Letter of Medical Necessity (LOMN)
- Copies of the Explanation of Medicare Benefits (EOMBs)
- Compendia listings, if applicable

In view of the above information in the attached appeal packet, I believe all claims should be covered and paid.

Sincerely,

<Provider Signature>

<Provider Name>