

<Date>  
<Payer Name>  
<Payer Address>  
<Payer City, State and zip>

Regarding: <Patient First and Last Name>  
Member Number: <Member ID #>

<u>Date of Service</u>	<u>Procedure Code</u>	<u>Billed Amount</u>	<u>Claim Number</u>	<u>Denial Date</u>
<Date of Service>	<CPT Code>	\$(Billed Amount)	#<Claim Number>	<Date>

To Whom It May Concern:

I am requesting a First-Level Appeal by an Oncology Medical Adviser of the denial of the above-referenced line item(s).

The case in question involves a patient with <ICD-10 code> <Diagnosis Name> cancer using a treatment regimen of <Product<sup>®</sup> (generic)>. The enclosed literature relates to the use of <Drug Name> for <ICD-10 code> <Diagnosis> cancer and/or similar cell type diagnosis.

The following items are enclosed:

- 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 found in the appeal packet attached, I believe all claims should be covered and paid.

Sincerely,

<Provider Signature>  
<Provider Name>