

Sample Claims Appeal Letter

[To be printed on Physician's Letterhead]

[Date]

[Insurer Name]

[Attn:]

[Address]

[City, State, Zip]

Re: [Patient Name]

[Policy Number]

Dear [Insurer] :

This correspondence serves as a request for reconsideration of coverage and payment for [Name of Patient] for the administration of Supprelin LA for the treatment of Central Precocious Puberty. Supprelin LA is an implant that is inserted subcutaneously in the inner aspect of the upper arm and releases a controlled dose of approximately 65 mcg per day of histrelin acetate, a gonadotropin releasing hormone (GnRH), continuously over a twelve-month period of time. Continuous administration of histrelin results in decreased levels of luteinizing hormone (LH) and follicle stimulation hormone (FSH).

You have indicated that Supprelin LA is not covered by (Name of Health Insurance Company) because of (insert reason).

Central precocious puberty (CPP) is an important and increasingly recognized condition that can have a profound physical as well psychological impact on children and their families. Central precocious puberty is characterized by the premature development of secondary sexual characteristics due to an increase in secretion of the sex hormones. If left untreated, the disorder may limit a child from attaining full adult height, resulting in short stature. The condition occurs in one in every 5,000 to 10,000 children with females being affected more commonly than males. Supprelin LA is a significant advancement in the treatment of CPP, providing a rapid and sustained suppression of hormone levels for a full year. Supprelin LA reduces the need for frequent dosing and improves long-term compliance. Supprelin LA was approved for marketing by the Food and Drug Administration (FDA) on May 4,2007.

In clinical trials, treatment with Supprelin LA resulted in hormonal suppression, the absence of clinical progression of puberty and menstrual bleeding, a significant decrease in bone-age advancement, a decrease in growth velocity and a decrease in LH and FSH levels for 12 months in all measured study participants.

I would appreciate your reconsideration of coverage for Supprelin LA for this patient. If you have any further questions, please feel free to call me at (insert your telephone number, including area code) to discuss this appeal.

Thank you in advance for your immediate attention to this request.

Sincerely,

[Physician Name]

[Physician practice Name]

Attachments: (patient medical history, additional supporting documents)

(If appealing denied claim, also include the original claim form and denial/EOB)