

**Instructions:**

This template is offered as a resource a healthcare provider could use when responding to a request from a patient's insurance company to provide a letter of medical necessity for prescribing AstraZeneca or MedImmune medicines.

**Attachments to be included with the letter of medical necessity are [original claim form, copy of denial or explanation of benefits, and any other additional supporting documents.]** If you need additional references, please contact our information center at 1-800-236-9933.

**Use of the letter does not guarantee that the insurance company will provide reimbursement for AstraZeneca or MedImmune medicines, and is not intended to be a substitute for or an influence on the independent medical judgment of the healthcare provider.**

**Sample Letter of Appeal**

*(Healthcare Provider Letterhead)*

**Date:** [Date]

**Payor Name:** [Payer Name]

**Payor Address:** [Payer Address]

**City, State, ZIP Code:** [City, State, ZIP Code]

**Payor Phone and Fax Number:** [Payer Phone and Fax Number]

**Patient Name:** [Patient Name]

**Patient Date of Birth:** [Patient Date of Birth]

**Policy Number:** [Policy Number]

**Group Number:** [Number]

Dear [Name of the Contact Person at the Insurance Company]:

I am writing on behalf of my patient, [Name of Patient], to appeal [Name of Health Insurance Company]'s decision to deny coverage for [BRAND (R) (generic) Name] which is prescribed to treat [Approved indication for prescription]. It is my understanding based on your letter of denial dated, [Date], that coverage has been denied for the following reason(s), [List the Specific Reason(s) for the Denial as Stated in the Denial Letter.]

**Patient History and Diagnosis**

[Provide a Brief Description of the Patient's Medical Condition Here]

[Include a Short Summary of the Patient's Medical History]

[Explain why you believe it is Medically Necessary for Patient to receive this Medicine]

[Describe the Potential Consequences of the Patient if they do not receive this Medicine]

[Obtain and Attach Supporting Letters of Medical Necessity from any Specialist that is or has provided Care to the Patient]

[Include Medicine Indication Information]

[Include Medicine Administration Information]

Thank you in advance for your immediate attention to this written appeal.

Sincerely,

[Physician's Name]

[Physician's Practice Name]

**References**

[Include medicine PI]

[Include other relevant references and publications regarding medicine]