

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 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 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]

Payer Name: [Payer Name]

Payer Address: [Payer Address]

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

Payer 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]