

**Example letter to request a second-level (external) review**

[Personalize this letter as needed, especially the information in brackets]

[Your name]

[Your address]

[Date]

[Address of your health plan's appeal department]

Re: [Name of the insured]

Plan ID number: [Your plan ID number]

Claim number: [Your claim number]

To whom it may concern:

I'm requesting an external review by an independent review organization (IRO) of the final internal adverse benefit determination I received on [date], which is included with this appeal.

I filed my internal appeal on [date], in response to [for example, a procedure I received at the advice of my primary care doctor, which you did not consider to be medically necessary]. Your review board returned their ruling, upholding the original decision to not cover this claim.

[Include any new relevant information, if any, that has come up since you filed your first appeal. Keep it factual and to the point.]

I look forward to your direct response as soon as possible.

Sincerely,

[Your name]

[Your address and phone number]