

<Date>  
<Payer Name> <Payer Address>  
<Payer City, State and Zip>  
<Attention>

Re: <Patient's Name>  
<Type of Coverage>  
<Group Number/Policy Number>

Dear <CUSTOMER NAME>:

<Practice Name> has been notified of <PAYER NAME>'s policy on access to <PRODUCT NAME> that we think may adversely affect our patients with <PRODUCT INDICATION>. It is our professional opinion that this policy is inconsistent with indication. We believe that we have chosen the most appropriate treatment modality for our patient. We would like to discuss your current policies as it pertains to <PRODUCT INDICATION>.

We ask that you revise your policy based upon the information provided below.

<Insert Rationale supporting objection>

If you need further information, please contact me at <(XXX) XXX-XXXX>.

Thank you for taking the time to consider this important issue. We appreciate your willingness to work together to provide the highest quality of care for patients diagnosed with <PRODUCT INDICATION>.

Sincerely,

<Your signature and title here>