Appeal Packet Cover Sheet

From: Jordan Sample
Patient: Jordan Sample
Member ID: ACM-998877
Claim ID: CLM-2026-004521
Insurance plan: Acme Health Plan
Denial notice date: 2026-01-15
Denial reason(s): Medical necessity
Appeal window computed from the notice date: ends 2026-07-14. The deadline stated in the denial letter controls.
Prepared: 2026-11-16

Reference: TAR-SAMPLE

Please quote the reference code above on any reply.

Prepared and signed by the patient using Tarian, a self-help software tool.

Tarian is a self-help software tool, not a law firm, insurance company, or medical provider. Nothing in it is legal, medical, or insurance advice, and it is not a substitute for the advice of an attorney. The patient reviewed and approved everything in this document before it was sent.

Appeal Letter

Acme Health Plan
Appeals Department

Re: Appeal of denial, Member ID ACM-998877, Claim CLM-2026-004521
Service: weekly outpatient psychotherapy (CPT 90837), ongoing since October 2025

To the Appeals Department:

I am appealing the denial dated January 15, 2026. The denial states that continued weekly psychotherapy does not meet the plan's medical-necessity criteria for level of care.

The enclosed letter from my treating psychologist, Dr. R. Example, states that weekly sessions are medically necessary to treat my diagnosed condition and that reducing frequency would risk relapse, and it references the treatment history documented in the enclosed records (Exhibits B and C).

The denial does not identify the specific clinical criteria that were applied or the plan provision relied on. I request that you identify them in writing, as the claims-procedure rules require the specific reason and the plan provisions on which a denial is based to be stated.

This plan covers mental-health benefits, and federal and state parity rules require that the standards used for mental-health services be comparable to those used for medical and surgical services. I ask that you state how the criteria applied to this claim compare with those applied to comparable medical services.

I request that the denial be reversed and coverage approved for the sessions from January 2026 onward. Please send your decision to me at the address on file within the time the plan's procedures allow.

Enclosures: Exhibit A, denial letter; Exhibit B, letter of medical necessity; Exhibit C, treatment records.

Sincerely,
Jordan Sample

Exhibit List

1. Denial letter
2. Letter of medical necessity
3. Treatment records

Filing Instructions

Confirm the appeals mailing address, fax number, or online portal for filing on your denial letter or your member portal (it's usually on the last page of the letter), we don't yet have a verified address on file for every payer.

Send your appeal by certified mail with a return receipt, or ask your post office for a certificate of mailing, so you have proof of when you filed.

Keep copies of everything you send, including this packet and any attachments.

Computed appeal deadline: 2026-07-14. This is computed from the notice date on your letter and the published minimum window; your denial letter must state your deadline, and if it shows a different date, go by the earlier one.