

Insurance Appeal Letter template

Your Insurance Company

PO Box XXXX

City, State, Zip Code

Date

RE: Id: XXXXXX

Group: YYYYYY

Group #: 999999

Patient: Your Name

Ref Number: XXXXXXXXXXXXX

Record Number: XXXXXXXXXXX

To Whom It May Concern:

Thank you for the opportunity to appeal your decision to deny coverage for tamoxifen 2D6 testing. I have enclosed several studies from peer-reviewed medical literature as well as the slide show printout from Mayo's presentation at the San Antonio Breast Cancer Symposium in December 2008 that points out that endoxifen not 4-hydroxytamoxifen degrades the estrogen receptor and is therefore responsible for the efficacy of tamoxifen. Cytochrome P450 2D6 is needed to convert tamoxifen to endoxifen meaning that this therapy will not work for the 7-10% of patients that are 2D6 Poor Metabolizers. I have included a brief bibliography of previous studies as well as full copies.

I hope that you will review this documentation carefully, and correct your decision. For 7-10% of your tamoxifen patients, this test can stop them from taking a medication for 5 years that is ineffective in preventing relapse.

Feel free to contact me if you have any questions, or require further information.

Best Regards,

Signature

Your Name