

To Whom It May Concern:

I am writing to appeal your denial of acute inpatient rehabilitation. (Patient Name) was evaluated by a rehabilitation physician and services were deemed medically necessary. (Patient Name) was admitted to the hospital with (diagnosis examples are hip fracture, cardiac cause, infection ect) and has been treated for (provide medical problems examples are infection, high blood pressure, anemia, UTI, diabetes, ect)

(Patient Name) is now suffering with (examples weakness, decrease endurance, impaired balance, impaired cognition) secondary to their hospital course and will benefit from close medical supervision not offered in a lower level of care. I believe acute inpatients rehab is (Patient Name) best chance and returning home where they belong. Please cover this stay in acute inpatient rehabilitation. Thank you for your attention to this matter. If you have any questions, please call me at [your phone number].

Sincerely,

[Your Name]

[Attachments:]

[List of Attachments, if any]

To Whom It May Concern,

I am writing to appeal the denial of coverage for my acute inpatient rehabilitation stay . I received a denial letter stating that the services were not medically necessary based on the criteria outlined in my insurance policy.

I strongly believe that the decision to deny coverage for my rehabilitation stay was made in error. My healthcare provider has recommended acute inpatient rehabilitation as the best course of treatment for my condition, and I have been working with a multidisciplinary team of healthcare professionals who have all agreed that acute inpatient rehabilitation is the most appropriate level of care for my needs.

I have included a letter from my healthcare provider (ask for the rehab consult) outlining the reasons why I need acute inpatient rehabilitation, as well as copies of my medical records and other supporting documentation. I urge you to review this information carefully and reconsider your decision to deny coverage.

Additionally, I would like to point out that my insurance policy specifically includes coverage for acute inpatient rehabilitation, and I meet all of the necessary criteria for this coverage. Specifically, [list policy provisions that support coverage].

I understand that there may be specific deadlines and requirements for submitting an appeal, and I have taken all necessary steps to ensure that my appeal is submitted in a timely and complete manner. I am confident that with this additional information, you will see that acute inpatient rehabilitation is both medically necessary and covered under my insurance policy. Thank you for your attention to this matter. Please let me know if you require any additional information or documentation to support my appeal.

Sincerely,
[Your Name]

To Whom It May Concern,

I am writing to appeal the denial of coverage for my acute inpatient rehabilitation, I received a denial letter stating that the services were not medically necessary based on the criteria outlined in my insurance policy.

I respectfully disagree with this decision and believe that the denial was made in error. My healthcare provider has determined that acute inpatient rehabilitation is necessary to help me regain my functional abilities following [condition or injury]. I have included a letter from my healthcare provider (ask for the rehab consult) outlining the reasons why I need acute inpatient rehabilitation.

Furthermore, I have reviewed my insurance policy and believe that my request for acute inpatient rehabilitation meets the criteria for coverage. Specifically, [list policy provisions that support coverage]. I have also included medical records and therapy notes from my hospital stay to support my appeal.

I understand that there may be specific deadlines and requirements for submitting an appeal. I kindly request that you reconsider your decision and approve coverage for my acute inpatient rehabilitation stay. Thank you for your attention to this matter. Please let me know if you require any additional information or documentation to support my appeal.

Sincerely,

[Your Name]

To Whom It May Concern:

I am writing to appeal your denial of acute inpatient rehabilitation. My husband,XXXX , was evaluated by a rehabilitation physician and services were deemed medically necessary. XXXX was admitted to the hospital with high-grade bowel obstruction. Mr. XXXX underwent emergent open repair of an incarcerated inguinal hernia requiring resection of 10 cm of necrotic bowel and has been treated for septic shock, Ileus, anasarca, and acute urinary retention.

XXXX now suffers with weakness, decreased endurance, impaired balance, impaired cognition secondary to their hospital course and will benefit from close medical supervision not offered in a lower level of care. I believe acute inpatients rehab is my husband's best chance of returning home where they belong. Please cover this stay in acute inpatient rehabilitation.

Thank you for your attention to this matter. If you have any questions, please call me at [your phone number].

Sincerely,
[Your Name]

To Whom It May Concern:

I am writing to appeal your denial of acute inpatient rehabilitation. XXXX was evaluated by a rehabilitation physician and services were deemed medically necessary. Mr. XXX was admitted to the hospital with sepsis and has been treated for AKI, urinary retention, anemia requiring blood transfusion, syncope and hypoxia.

XXXX is now suffering with weakness, decreased endurance, impaired balance, hypoxemia requiring oxygen secondary to their hospital course and will benefit from close medical supervision not offered in a lower level of care. I believe acute inpatients rehab is XXX best chance and returning home where they belong. Please cover this stay in acute inpatient rehabilitation. Thank you for your attention to this matter. If you have any questions, please call me at [your phone number].

Sincerely,
[Your Name]

To Whom It May Concern:

I am writing to appeal your denial of acute inpatient rehabilitation. XXXX was evaluated by a rehabilitation physician and services were deemed medically necessary. XXXX was admitted to the hospital with a severe kidney infection requiring surgical removal of his kidney. He has been treated for chest pain, anemia requiring blood transfusion and ESBL requiring close monitoring by the infectious disease specialist.

XXXX is now suffering with weakness, decreased endurance, impaired balance, impaired cognition secondary to their hospital course and will benefit from close medical supervision not offered in a lower level of care. I believe acute inpatients rehab is XXXX best chance of returning home where they belong. Please cover this stay in acute inpatient rehabilitation. Thank you for your attention to this matter. If you have any questions, please call me at [your phone number].

Sincerely,
[Your Name]

To Whom It May Concern:

I am writing to appeal your denial of acute inpatient rehabilitation. XXXX was evaluated by a rehabilitation physician and services were deemed medically necessary. Ms. XXXX was admitted to the hospital with head trauma after a seizure. Her course has been further complicated by acute fracture of left shoulder requiring total shoulder arthroplasty. During the hospitalization she has been treated for seizure disorder, intractable pain requiring close supervision by pain management team, acute urinary retention, and peripheral neuropathy.

XXXX is now suffering with weakness, decreased endurance, impaired ADLs, impaired balance, impaired cognition secondary to their hospital course and will benefit from close medical supervision not offered in a lower level of care. I believe acute inpatients rehab is XXXX best chance of returning home where they belong. Please cover this stay in acute inpatient rehabilitation. Thank you for your attention to this matter. If you have any questions, please call me at [your phone number].

Sincerely,
[Your Name]

To Whom It May Concern:

I am writing to appeal your denial of acute inpatient rehabilitation. XXXX was evaluated by a rehabilitation physician and services were deemed medically necessary. XXXX was admitted to the hospital after a fall resulting in a right femoral neck fracture and has undergone right total hip replacement. During his course he was treated for cellulitis requiring antibiotics, anemia, afib with rvr, and acute kidney injury.

XXXX is now suffering with weakness, decreased endurance, impaired balance, and post op pain secondary to their hospital course and will benefit from close medical supervision not offered in a lower level of care. I believe acute inpatient rehab is XXXX best chance to return home where they belong. He was completely independent prior to this hospitalization. Please cover this stay in acute inpatient rehabilitation. Thank you for your attention to this matter. If you have any questions, please call me at [your phone number].

Sincerely,
[Your Name]