

Sample Letter of Rejected Claim for Entyvio

[Physician's letterhead]

[Date]

[Health plan's name]

ATTN: [Director of Claims]

[Health plan's address]

[City, State ZIP]

[Patient's name]

[Date of birth]

[Case ID number]

[Date(s) of service]

Re: Appeal for My Patient's Rejected Medical Claim

Dear [Director of Claims],

A claim was recently denied for my patient, [patient's name], which requested Entyvio® (vedolizumab) for the [intravenous/subcutaneous] treatment (**Template note: subcutaneous treatment is for UC diagnosis only**) of moderately to severely active [Crohn's disease/ulcerative colitis] ([insert appropriate ICD-10-CM code here]).

I am appealing the denial because [insert reason for challenging denial; may be a summary of information included in the Letter of Medical Necessity]. As the explanation of benefits did not provide adequate evidence behind the decision, I am asking you to provide the following information so I can better understand how you came to your determination:

- Name and credentials of the representative who reviewed [patient's name]'s case on [date of service]
- Records and documents reviewed during your decision-making process
- List of information relied on, if any, that was not initially provided, that guided the claim decision

I have included a Letter of Medical Necessity, which provides my clinical rationale and relevant information about the patient's medical history and treatment. If you have any further questions about my request, please contact me at [physician's phone number] or via e-mail at [physician's e-mail]. Thank you for your time and consideration.

Sincerely,

[Physician's signature]

Enclosures

[List enclosures, which may include the explanation of benefits/denial letter, copies of original claim form, Letter of Medical Necessity, clinical notes/diagnostic pathology report, medication records, relevant laboratory reports that support the need for Entyvio, Entyvio Prescribing Information, and other supporting documentation.]