Appeal Packet Cover Sheet

From: Priya Example
Patient: Priya Example
Member ID: NGI-445566
Claim ID: CLM-2026-009981
Insurance plan: Northgate Insurance Co
Denial notice date: 2026-02-03
Denial reason(s): Missing prior authorization
Appeal window computed from the notice date: ends 2026-08-02. The deadline stated in the denial letter controls.
Prepared: 2026-11-29

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.

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Appeal Letter

Northgate Insurance Co
Appeals Department

Re: Appeal of denial, Member ID NGI-445566, Claim CLM-2026-009981
Service: lumbar spine MRI without contrast (CPT 72148), January 22, 2026

To the Appeals Department:

I am appealing the denial dated February 3, 2026. The denial states that prior authorization was required for this imaging and was not obtained before the service.

The MRI was ordered by my treating physician, Dr. A. Example, after six weeks of conservative treatment for low back pain with radiating leg symptoms, documented in the enclosed notes (Exhibit B). The order was placed and the scan scheduled by the physician's office; I was not told an authorization was needed and had no way to obtain one myself. The enclosed explanation of benefits (Exhibit C) shows the claim as denied in full, leaving a balance of $2,400.

The denial does not state whether the plan considers the MRI medically necessary, only that the authorization step was missed. I ask that the plan review the claim on its medical merits, identify the plan provision that makes authorization a condition of coverage, and state whether that provision allows a retroactive authorization where the ordering provider did not request one.

I request that the denial be reversed and the claim paid according to the plan's terms. 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, physician's order and clinical notes; Exhibit C, explanation of benefits.

Sincerely,
Priya Example

Exhibit List

1. Denial letter
2. Referring physician's order and notes
3. Explanation of benefits

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: 2026-08-02. 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.