

*[Date]*

*[Medical Director]*

*[Insurance Company Name]*

*[Address]*

*[City, State ZIP]*

Re: *Patient Name:*

*Patient Date of Birth:*

*Policy Number:*

*Claim Number:*

Dear *[Medical Director]*:

Please accept this letter as a formal request for reconsideration of the denial in the above-referenced claim. As documented below, treating *[patient name]* with Mycamine® (micafungin sodium) for injection is reasonable and medically necessary and should be covered by *[plan]*. Please find enclosed the package insert and peer-reviewed literature that support the use of Mycamine for *[patient name]*.

*[This is where you should provide a brief summary of patient history, including:*

- Description of patient's condition and date of diagnosis*
- Circumstances surrounding care*
- Previous therapies and any complications*
- Standard of care for treatment*
- Any other relevant information]*

Based on *[patient name]*'s condition, medical history, and supporting clinical literature, treatment with Mycamine is medically appropriate and necessary.

I respectfully request that you review the additional documentation provided and reevaluate your coverage of Mycamine for *[patient name]*. I look forward to your reconsideration. If I can provide any additional information, please contact me at *[insert practice phone number]*.

Regards,

*[Provider]*

Encl.

*[Enclose additional documents as specifically required by payer in appeal procedures or supportive of use. May include:*

- FDA-approved Prescribing Information*
- Copy of the original claim*
- Copy of the denial notification from the payer*
- Patient's complete medical history*
- Relevant peer-reviewed articles supporting the use of Mycamine*
- Designated payer-specific appeal form*
- Coverage guidance from other payers in alignment with use in question]*