

Re:

Dear Dr.

I am writing to request a formal appeal of the denial of proposed treatment for:

I have been treating _____ for
for symptomatic _____ for
cervical disc disease (SCDD).

_____ and I have determined that cervical disc arthroplasty is the
appropriate treatment for _____ condition. _____ meets all of the
criteria for disc arthroplasty and should undergo the surgery.

The cervical disc arthroplasty is medically necessary, and is the most appropriate treatment for
my patient.

I am appealing the denial of benefit on my patient's behalf and am submitting this letter to
provide details on this case. I am including clinical information on the patient's medical
condition, therapy/treatment provided to date and supporting medical documentation to
support our decision to undergo this surgery.

Please find the enclosed documentation that may be helpful in your reconsideration of this claim
for benefits and payment:

- A copy of the denial
- Medical history of the patient
- Medical justifications for disc arthroplasty
- Clinical literature on disc arthroplasty
- FDA approval letter
- Patient consent form

Thank you for your consideration of coverage for
Please contact me at _____

if I may be of further assistance.

Sincerely,