

[Your Clinic's Letterhead]

[Your Clinic's Address]

[City, State, ZIP Code]

[Date]

[Health Plan Name]

[Health Plan Address]

[City, State, ZIP Code]

Re: Appeal for Coverage of CDC-Recommended Vaccine and Vaccine Administration

To Whom It May Concern,

I am writing on behalf of [Your Clinic's Name] to appeal the denial of coverage for the [Vaccine Name] and vaccine administration for our patient, [Patient's Name], with [Patient's Member ID]. We firmly believe that this vaccine and its administration are essential for the health and well-being of our patient and the community.

The [Vaccine Name] vaccine is recommended by the Advisory Committee on Immunization Practices (ACIP) and the Centers for Disease Control and Prevention (CDC). This recommendation is based on extensive scientific research and medical expertise, which highlights the vaccine's effectiveness in preventing [Disease Name], its potential complications, and the associated public health benefits. [Patient's Name] clearly is included among those recommended for [Vaccine Name] based on their [age and/or health condition].

We maintain that the denial of coverage for this vaccine and its administration is not consistent with best medical practices and the prevailing recommendations of the ACIP and CDC. Denying coverage for this essential vaccine contradicts the fundamental goal of healthcare organizations to promote public health and prevent the spread of infectious diseases.

Additionally, we wish to draw your attention to vaccine standing orders that are in place at our clinic. These standing orders are established in accordance with state and federal regulations, as well as in alignment with the recommendations of ACIP. Our vaccine standing orders authorize qualified healthcare professionals, under appropriate circumstances, to administer ACIP-recommended vaccines, including the [Vaccine Name], to eligible patients, which encompasses the situation at hand.

We kindly request a review of this denial and reconsideration of the coverage for the [Vaccine Name] vaccine and its administration for our patient, [Patient's Name]. This coverage is not only in the best interest of our patient but also aligns with the broader objectives of your health plan to ensure the well-being of your policyholders.

Enclosed with this letter, please find:

1. A copy of the ACIP's recommendation for the [Vaccine Name] vaccine.
<https://www.cdc.gov/vaccines/schedules/index.html>

2. Documentation of our clinic's vaccine standing orders that authorize the administration of ACIP-recommended vaccines, including the [Vaccine Name]. <https://www.immunize.org/standing-orders/>
3. Confirmation that the vaccine is administered according to the standing orders and within the recommended age range.

We kindly request prompt attention to this matter, and we appreciate your cooperation in reviewing our appeal. If additional information or documentation is required to facilitate this process, please do not hesitate to contact our clinic at [Your Clinic's Contact Information].

We are confident that with your assistance, we can ensure the health and well-being of our patient, [Patient's Name], and contribute to the broader efforts to protect public health.

Thank you for your time and consideration.

Sincerely,

[Your Name]

[Your Title]

[Your Clinic's Contact Information]