

[Your Name] [Your Address] [City, State, Zip Code]
[Your Email Address] [Your Phone Number] [Today's Date]

[Insurance Company Name] [Address] [City, State, Zip Code]

Subject: Ozempic Coverage Appeal

Dear [Insurance Company],

I am writing to appeal the denial of coverage for the medication Ozempic (semaglutide) prescribed by my healthcare provider for the management of my type 2 diabetes. I believe that Ozempic is a medically necessary and effective treatment option for my condition, and I kindly request a reconsideration of the coverage decision.

I have been diagnosed with type 2 diabetes, and despite various other treatment methods, my blood sugar levels have been difficult to control. My healthcare provider recommended Ozempic as it has shown significant benefits in improving blood sugar control and reducing the risk of complications associated with diabetes. However, I was disappointed to learn that my initial claim for coverage was denied.

Ozempic has been approved by the FDA and has been widely recognized as an effective treatment for type 2 diabetes. Furthermore, my healthcare provider has provided supporting documentation and medical records detailing my condition and the necessity of this medication.

I understand that insurance coverage policies may vary, but I kindly request a reconsideration of my case. Access to Ozempic would significantly contribute to the better management of my diabetes and overall health.

Please find enclosed all the necessary medical records and supporting documents to support my appeal. I hope that you will carefully review my case and provide the coverage for Ozempic that I urgently need.

I greatly appreciate your prompt attention to this matter. If you require any additional information or have any questions, please do not hesitate to contact me. I look forward to a favorable resolution to this appeal.

Thank you for your understanding and consideration.

Sincerely,
[Your Name]