

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

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

Subject: Appeal for Coverage of Wegovy (semaglutide) - Policy Number: [Your Policy Number]

Dear [Insurance Company Name],

I am writing to appeal the denial of coverage for Wegovy (semaglutide) prescribed by my healthcare provider for the management of my obesity. I firmly believe that Wegovy is medically necessary for my health and well-being.

Obesity has significantly impacted my overall health and quality of life, and despite various weight loss attempts, I have not achieved sustained results. My healthcare provider has recommended Wegovy as an essential component of my weight management plan due to its proven efficacy in achieving meaningful and sustainable weight loss.

I request a thorough review of my appeal, taking into consideration the medical necessity of Wegovy for my specific health condition. I have attached supporting documents, including a statement from my healthcare provider and relevant medical records.

I sincerely hope that upon reconsideration, you will provide coverage for Wegovy, allowing me to access the treatment I need to improve my health and well-being.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]