**Instructions:**

This template is offered as a resource a healthcare provider could use when appealing the denial of coverage for a BMS Medication by the patients’ health benefits company.

**Use of the letter does not guarantee that the insurance company will provide reimbursement for BMS medicines and is not intended to substitute for a prescriber’s independent clinical decision-making.**

**Sample Alternative Funding Program Appeals Letter**

*(Healthcare Provider Letterhead)*

<DATE>

Payer Name: <Insurance Company Name>

Payer Address: <Insurance Company Address>

City, State, ZIP Code: <City, State and Zip>

Payer Phone & Fax Number: <Insurance Company Phone & Fax Number>

Re: <Patient’s Name>

Patient <Type of Coverage>

Patient Date of Birth: <Date of Birth>

<Group Number/Policy Number>

Dear <Contact Person at Insurance Company>,

To Whom It May Concern: I am writing on behalf of <Patient Name> to appeal the decision to deny coverage of <Drug Name>

The patient is <a/an age>-year-old <male/female/other> who was diagnosed with < Diagnosis Name> on <date> and prescribed a treatment regimen including <Drug Name>.

Upon review of the denial of coverage, it appears that the patient’s insurance plan may be participating in an alternate funding program (also sometimes referred to as patient advocacy programs, specialty carve-out or specialty networks).

These programs often withhold insurance coverage and require the insured to apply for charitable foundation drug programs as a condition of, requirement for, or prerequisite to coverage of their prescribed therapy.

Typically, charitable foundation support is reserved for patients who are uninsured, underinsured, or have financial hardship that would otherwise prevent them from being able to access their medicine.

The enclosed documentation relates to the denial of charitable foundation drug for <Patient’s Name> as well as the <Drug Name> for <ICD-10 Code> <Diagnosis Name>

The following item(s) are enclosed:

* Denial letter for <Patient Name> eligibility into the Bristol Myers Squibb Patient Assistance Foundation (“BMSPAF”). BMSPAF is an independent, charitable organization that helps eligible patients to obtain the medicines of Bristol Myers Squibb Company.

<Consider also enclosing the following categories of supporting information>:

* Relevant clinical documentation, such as: history and physical, progress notes, treatment history and outcomes.
* Medical Literature regarding the use of <Drug Name> for <ICD-10 Code><Diagnosis Name>>

In review of the above and the information enclosed, I believe <Insert conclusion regarding medical necessity for the patient and patient’s lack of alternative access to <Drug Name>>.

Sincerely,

<Provider Signature>

<Provider Name>

Enclosures: <List and attach documents to support your treatment and appeal rationale>