Date:

**Subject: Appeal for Coverage of Laser Eye Surgery for Vision Correction**

To Whom It May Concern

I hope this letter finds you in good health. I am writing this letter to formally request the coverage of my laser eye surgery, specifically for vision correction, as a policyholder under the policy number [Your Policy Number].

For the past year, I have been experiencing very blurry vision. After I went to an ophthalmologist, he diagnosed the condition as astigmatism. My ophthalmologist, Dr. [Doctor Name], has recommended laser eye surgery as a successful and medically necessary solution to address my vision issues caused by astigmatism.

The procedure, known as [name of the laser eye surgery procedure, e.g., LASIK or PRK], has been deemed suitable for my condition after thoroughly examining my eye health and consultation with Dr. [Doctor's Name]. The surgery is said to correct my astigmatism, improve my eyesight, and enhance my overall quality of life.

I have tried to wear contact lenses for my vision but found them uncomfortable. I understand that according to my insurance policy, the coverage for elective procedures, which in my case is laser eye surgery, may be subject to specific terms and conditions. However, please understand that this is the only option and a medical necessity for my vision correction. This will also eliminate my need for and dependence on corrective lenses. I kindly request a review of my case.

I have attached relevant medical records, including Dr. [Doctor Name]'s recommendation, diagnostic reports, and all other supporting documentation that seemed necessary for your assessment. I request that you kindly speed up the review process and provide me with information regarding my proposed laser eye surgery coverage.

If there is any additional form or procedure required according to the insurance policy, please do not hesitate to inform me. I will promptly reply and provide what is needed. I am more than willing to provide any further documentation or information needed to support this request.

Thank you for your prompt attention to this matter. I look forward to a positive reply and appreciate your consideration of the request for my much-needed laser eye surgery.

Sincerely,

[Your Name]  
[Your Policy Number]  
[Your Signature, in the case of a physical letter]