**Guidance on Completing a Letter of Rejected Claim for ENTYVIO**

The following Letter of Rejected Claim is a template that you can modify by incorporating details related to your patient’s medical history, diagnosis, and treatment plan. Using this sample letter does not guarantee that insurance providers will provide reimbursement or coverage for ENTYVIO. Insurance providers may have specific forms or procedures for the authorization process that should be used instead of this

sample letter.

1. Download the Word doc template provided on page 2.
2. Gather all the details regarding your patient’s medical diagnosis and history and attach any supporting documents.
3. Modify the Letter of Rejected Claim based on the medical history and clinical response of your patient. Fields for modification are bracketed in MAGENTA.
4. Submit the completed Letter of Rejected Claim with the prior authorization form to provide a more complete picture of your patient’s medical need for the insurance provider.

***Scroll down to page 2 for sample Letter of Rejected Claim.***

[Physician’s letterhead]

[Date] [Patient’s name]

[Health plan’s name] [Date of birth]

ATTN: [Director of Claims] [Case ID number]

[Health plan’s address] [Date(s) of service]

[City, State ZIP]

Appeal of My Patient’s Rejected Medical Claim

Dear [Director of Claims],

A claim was recently denied for my patient, [patient’s name], that requested ENTYVIO® (vedolizumab) for the [intravenous/subcutaneous] treatment of moderately to severely active [Crohn’s disease/ulcerative colitis] ([insert appropriate ICD-10-CM code here]).

I am appealing the denial because [insert reason for challenging denial; may be a summary of information included in the Letter of Medical Necessity]. As the explanation of benefits did not provide adequate evidence behind the decision, I am asking you to provide the following information so I can better understand how you came to your determination:

* Name and credentials of the representative who reviewed [patient’s name]’s case on [date of service]
* Records and documents reviewed during your decision-making process
* List of information relied on to guide the claim decision, if any, that was not initially provided

I have included a Letter of Medical Necessity that provides my clinical rationale and relevant information about the patient’s medical history and treatment. If you have any questions about my request, please contact me at [physician’s phone number] or via email at [physician’s email]. Thank you for your time and consideration.

Sincerely,

[Physician’s signature]

**Enclosures**

[List enclosures, which may include the explanation of benefits/denial letter, a copy of the original claim form, Letter of Medical Necessity, clinical notes/diagnostic pathology report, medication records, relevant laboratory reports that support the need for ENTYVIO, ENTYVIO Prescribing Information, and other supporting documentation.]

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