

## Sample Appeal Letter for Durable Medical Equipment

January 18, 2015

\_\_\_\_\_ Department of Health and Social Services  
Office of Administrative Hearings  
P.O. Box 1234  
City, State Zip

To Whom It May Concern:

My name is Ms. Advocate and I'm Ms. Consumer's representative. On her behalf I'm appealing the denial sent on January 11, 2014 for a communication device for my client Ms. Consumer (999-99-9999) who resides at 1111 N. Main St., City, State Zip.

Correspondence can be sent to:

Ms. Advocate  
5555 ADA Drive  
City, State Zip

Sincerely,

Ms. Advocate  
Advocacy Specialist

cc: Ms. Consumer