**[Physician Letterhead]**

Attn: [Medical Director] RE: [Patient Name]

 [Insurance Company] [Date of Birth]

 [Address] [Policy Number]

 [City, State, ZIP code] [Claim Number]

Reference Number: [Reference Number]

Product: PearlMatrix™ P-15 Peptide Enhanced Bone Graft

Submission Date: [Submission Date]

Denial Date: [Denial Date]

To whom it may concern,

On behalf of [Patient Name], I am writing to you to request that you reassess your recent denial coverage for PearlMatrix™ Bone Graft with the intended use for transforaminal interbody fusion (TLIF). It is my understanding based on a letter of denial that PearlMatrix™ Bone Graft has been denied because [Quote the specific reason for the denial stated in the denial letter] on [date of denial].

I believe [Patient Name] would benefit from PearlMatrix™ Bone Graft in the TLIF surgery. Please see the enclosed documentation that discusses [Patient Name]’s medical history and supporting information in detail.

**The following items are enclosed**

* [Medical literature regarding the use of PearlMatrix™ in TLIF
* [Relevant clinical documentation, such as patient diagnosis, radiographic results, previous treatment and results, and Letter of Medical Necessity]
* [Applicable coverage policies]

The enclosed information supports the claim that treatment is medically necessary. I strongly believe this request should be covered and request that you reconsider coverage based on the evidence provided. Due to the acute nature of this disease, I would appreciate your prompt review of this appeal.

If you have any further questions regarding this matter or need additional information, please contact my office at [Phone Number].

Sincerely,

[Insert physician name and participating provider number]

Enclosures

**Important Information:**

The information contained in this template letter is provided by Cerapedics for informational purposes for patients who have been treated with PearlMatrix™ and does not constitute reimbursement or legal advice. Clinical information provided to any federal, state or commercial payor must be supported by documentation in the patient’s medical record.

Cerapedics does not promise or guarantee coverage, payment, or rate of payment for PearlMatrix in transforaminal interbody fusion, or any other services or line items billed in conjunction with the use of PearlMatrix in TLIF. The provider accepts full risk for reimbursement pertaining to the foregoing for each patient.  It is always the responsibility of the provider to accurately document patient clinical condition and to appropriately select and report patient diagnosis as well as services delivered. The provider is responsible for the accuracy of all communications with payors including, but not limited to, the information submitted in relation to this document. The provider is responsible for determining medical necessity and the proper site for use of PearlMatrix in TLIF, and for submitting appropriate codes, charges, and modifiers for services rendered.

There is no requirement that any patient or healthcare provider uses PearlMatrix in exchange for this information. Use of the information in this letter does not guarantee that the health plan will provide reimbursement for PearlMatrix in TLIF and this information is not intended to be a substitute for, or an influence on, the independent medical judgment of the physician.  All reimbursement and health economic information provided by Cerapedics is gathered from third-party sources and is subject to change without notice as a result of complex and frequently changing laws, regulations, rules, and policies.

For additional questions or assistance on approval of PearlMatrix, please contact **reimbursement@cerapedics.com**ML-1555 ©2025 Cerapedics Inc.