[Address of the Clinical Commissioning Group with responsibility for your care]

 [Your address]

[Date]

Dear Sir/Madam

**APPEAL AGAINST REFUSAL TO AWARD NHS DIRECT PAYMENTS**

I wish to appeal against the decision dated [ ] to refuse my request for NHS direct payments. The reason I wish to appeal is that I believe I am eligible for NHS direct payments in accordance with the National Health Service (Direct Payments) Regulations 2013.

[You have failed to explain why you have refused to provide me with direct payments to fund my NHS care]

OR

[I do not believe that the reasons you have given for refusing to grant NHS direct payments to me are reasonable, for the following reasons:]

Please consider my appeal within [14/21/28] days. I look forward to receiving your response by [ ].

Yours faithfully

[YOUR NAME]