

[~Current Date~]

Attn: Director of Claims

[~Insurance Policy #1 Carrier~]

[~Insurance Policy #1 Address~]

Re: Patient: [~Patient Name~]
Policy: [~Insurance Policy #1 Number~]
Insured: [~Responsible Party Name~]
Treatment Dates: [~Admission Date~] - [~Discharge Date~]
Amount: [~Total Charges~]

Dear Director of Claims,

It is our understanding that your company has released full payment on the above referenced claim. However, certain procedures were reduced or unpaid pursuant to your internal bundling or coding guidelines.

It is our position that these codes may be payable as coded and billed by our office. As you know, bundling and coding guidelines vary greatly depending on the type of coverage and the specific procedures or treatment performed. Further, many insurers are required to notify providers of any decision to change reimbursement based on coding and bundling guidelines and such changes must be fully explained to beneficiaries.

It does not appear that our office or this patient was advised of the reductions to be taken on this claim. Therefore, we request your prompt reconsideration of these charges. If additional benefits are not released, please provide an explanation as to the coding standards used in making this determination as well as a copy of notification provided to providers and beneficiaries regarding this policy.

Sincerely,

Claims Analyst