

[~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,

According to our records, your company denied the above referenced claim due to lack of current coverage.

Please be advised, our facility obtained verification of benefits from your company at the time of admission. Your benefit representative indicated that coverage was current and that full coverage was available for this treatment course.

It is our position that our company should have been advised that premiums were not paid to date on this policy. As this information was not provided, your company is responsible for benefits as verified by your representative at the time of admission. Further, as this patient has been hospitalized, it is unclear if COBRA coverage was extended in accordance with federal law.

We ask for immediate reconsideration based upon the verification given by your company. If benefits remain denied, please provide a copy of the COBRA denial submitted by this patient for our records. We appreciate a response within 14 days of your receipt of this letter.

Sincerely,

Claims Analyst