

[~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 the above referenced claim was partially denied due to the fact that the maximum benefits were reached for this illness.

According to the verification of benefits obtained at the time treatment was initiated, your plan provides a defined benefit for treatment of this diagnosis.

Please be advised, it appears that we were among the earliest treatment providers for this condition. Therefore, it would appear that benefits would likely be available for this patient for this time period. Therefore, we request the names, dates and amounts paid to previous medical providers for treatment of this and related illnesses so that we may confirm that policy or plan benefits have been exhausted.

We appreciate your prompt attention to this matter.

Sincerely,

Claims Analyst