

[~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,

This letter is to request immediate payment of the above referenced claim. According to your representative, this claim was not processed due failure to meet the applicable timely claim filing requirement

Our records indicate that the original file date was on [~Insurance Policy #1 File Date~]. Your company's lack of receipt may have been due to an address change, system failure or clerical error. It is our position that our office and this patient should not be penalized due to your company's failure to process the initial claim.

Therefore, we appreciate your prompt processing of this claim. If payment is not released, we would appreciate your written response in regards to your review of this matter.

Sincerely,

Claims Analyst