

[Current Date]

Attn: Director of Claims  
[Insurance Policy Carrier]  
[Insurance Policy Address]

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

Dear Director of Claims,

The above referenced claim was denied despite the fact the verification of benefits and/or preauthorization of care was obtained from your company. Please be advised, our facility relies on information received from your company regarding coverage. We extended treatment in good faith based on the expectation of payment. Further, state courts have held that insurers are liable for misrepresentations made during coverage verification. In *Hermann Hospital v. National Standard Insurance Company*, 776 SW 2nd 249, the Court of Appeals of Texas ruled that coverage misrepresentations could be construed as both negligent and fraudulent. In rendering this decision, the court wrote:

Hospital and other health care providers must, and do, rely upon the insurance carriers' representations of coverage in making their decision regarding admission of potential patients. If insurance coverage and benefits cannot be verified, or no coverage exists, the medical provider can then make alternative financial arrangements. To insulate the insurance carriers from liability leaves the medical care provider without recourse against the party causing its damage, if it acted in reliance on the representation of coverage.

Therefore, we request your review of the denial in light of the information obtained by your company at the time treatment was rendered.

Sincerely,

Patient Accounts Manager