

[~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 this claim was denied pursuant to a treatment exclusion or limitation in the policy.

The explanation of benefits did not give adequate information to establish the accuracy of this decision. Therefore, please provide the following information to support the denial of benefits for the claim referenced above.

Please furnish a copy of the exclusion or limitation as it reads in the policy or plan booklet. Also, please provide a copy of any definitions related to the exclusion/limitation as specified in the policy or plan booklet. We would also appreciate a description of any documentation gathered by your company to substantiate that the patient's illness or injury meets the policy definition.

Thank you for your assistance.

Sincerely,

Claims Analyst