

[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,

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

According to a number of Texas court decisions, an insurer may not refuse to process a claim due solely to lack of timely filing unless the insurer can prove that it was substantially prejudiced by the late filing. Please see *Trevino v. Allstate Ins. Co.*, 651 S.W.2d 8 (Tex. App. 1983) and *Shelton v. Nationwide Mut. Ins. Co.*, 570 S.W.2d 419 (Tex. Civ. App. 1978). According to Ostrager & Newman's *Handbook on Insurance Coverage Disputes* (9th Edition), several cases have ruled that an insurer may be prejudiced by its inability to contemporaneously investigate the claim, interview witnesses or make an early settlement of the claim.

It is our position your company was not prejudiced by late filing. Therefore, we appreciate your prompt processing of this claim. If payment is not released, we would appreciate your written response in regards to the cases cited above.

Sincerely,

Patient Accounts Manager