

Sample Appeal Letter
Timely Filing Denial
NAME OF COMPANY
Provider Name (name report on denied claim)

Date

Address of Plan Review Department

RE: *Denial for Patient name / ID#/ DOS*

Reason for Denial: Timely filing

To Whom It May Concern:

Enclosed are claims submitted electronically by our office and denied due to failure to meet the applicable timely filing requirement. Our agreement with your plan is to file charges by [**XX days – quote the timely filing period in your contract**]

The charges were rendered on [**XX/XX/XXXX DOS**] and total [**\$XXX Claim dollar total**]. The claim was filed electronically to your office on [**XX/XX/XXXX**]. The claim was filed within the required timeframe. We have fulfilled our contractual obligation. Please see the information below and attached.

- Attached is a print screen copy of the billing record providing proof that the charges were billed on time. This is a permanent record in our billing system and cannot be modified.
- Also attached is a copy of our electronic billing submission confirmation record as proof that the charges were billed on time.

Thank you, in advance, for careful review, consideration and prompt payment of this claim. Take note this claim was filed “clean”. Due to the delay in payment, interest is now also due.

If you have any questions, please do not hesitate to contact me at **(---) --- ----**. Your cooperation and prompt payment, with interest, is anticipated and greatly appreciated.

Respectfully submitted,

Your name for Provider **XXXX**

Attachments:

- Remittance Advice and Print Screen Copy of billing system records indicating when the claim was filed

USA HEALTHCARE RCM GUIDE