

Today's Date: {Current Date}  
{Visit Location}  
NPI: {Visit Location NPI}

Patient: {Patient Full Name}  
Subscriber Number: {Primary Member ID}  
Claim Date: {Visit Admit Date} - {Visit Discharge Date}  
Total Billed: {Charge Total}  
Claim Number: {Primary ICN}  
Re: Timely Filing

To Whom It May Concern:

We would like to avoid billing the patient directly for the entirety of these services however, we must achieve a reasonable resolution to this issue. We received incorrect information from the patient at time of service indicating insurance coverage existed under a different carrier. Please see attached POTF (proof of timely filing form) from Zirned indicating we did file the claim in a timely manner originally. Please reconsider our claim for payment due to services were provided in good faith. If you have any questions or need any additional information, please contact me at my number listed below.

Sincerely,

Claims Analyst  
{User Full Name}  
{User Email}  
Direct Line: {User Phone}