

{Patient Full Name}  
{Patient Home Address 1}

**{Patient Home City}, {Patient Home State} {Patient Home Zip Code}**

**REQUEST FOR ADDITIONAL INFORMATION**

account #: {GoRev Account Number}  
dos: {Visit Admit Date}  
billed amount: \$ {Charge Total}

Dear {Patient First Name},

Your insurance company has denied your claim stating you are no longer insured and you did not respond back to us with the information requested. In order for {Facility} to receive payment from your insurance company, you need to contact us/them immediately at {provide number}. If we do not hear from you, you will be held responsible for the total billed charges of \${Charge Total}. Please contact our Patient Accounts Department at {Statement Phone Number} to get this resolved.

Again, if we do not hear from you, the balance of \${Charge Total} will be formally considered your responsibility unless information is received and verified. Please contact us at your earliest convenience.

Sincerely,

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