

{Current Date}

Attn: Director of Claims

{Primary Carrier}

{Primary Address 1}

{Primary City}, {Primary State} {Primary Zip}

Re: Patient: {Patient Full Name}
Policy: {Primary Member ID}
ClaimNumber: {Primary ICN}
Insured:{Primary Insured Full Name}
Treatment Dates: {Visit Admit Date} - {Visit Discharge Date}
Amount: {Charge Total}

Dear Director of Claims,

It is our understanding that this claim is pending or denied due to your company's attempt to enforce your right to subrogation or coordination of benefits. It has been determined per Texas Insurance code 28 TAC §3.3510(d) your company is the primary payer and is thus liable for payment.

Please be advised, the claim is beyond the time frame allowable for prompt claims processing. We are unaware of other coverage for this claim. If you determine the above is not the case, we formally request a copy of your company's subrogation/coordination clause so that we may determine the liability of your company for this claim.

Since this claim is beyond the timeline granted to you by the Texas clean claims act we are also requesting interest be paid.

Thank you for your prompt attention to this matter.

Sincerely,

Claims Analyst

{User Full Name}

{User Email}

Direct Line: {User Phone}