

{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}
Insured: {Primary Insured First Name}
Treatment Dates: {Visit Admit Date} - {Visit Discharge Date}
Amount: {Charge Total}

Dear Director of Claims,

We are in receipt of your refund request regarding the above mentioned patient's date of service. Unfortunately, you have submitted this request to us more than 180 days after payment was received from you. Per Texas Prompt Pay Law (TAC 21.2818) any request for refund more than 180 days from payment date is not a valid request and no refund is due.

It is with this in mind we are declining your request for a refund. Please do not call or send further correspondence regarding this.

Regards,

Claims Analyst

{User Full Name}

{User Email}

Direct Line: {User Phone}