

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}
Total Billed: {Charge Total}
Claim Number: {Primary ICN}
Re: NON PARTICIPATING DENIAL CODE

Dear Sir or Madam:

In correspondence to {Primary Plan Name}'s explanation of payment for the above referenced patient, we are now requesting a 1st level appeal regarding the allowed amount utilized to process claim number {Primary ICN} .

This service was rendered in an emergency room; therefore, under federal law it is required that the services are covered for emergent conditions regardless of the providers contractual status with the carrier. Since ER services are required to be processed INN, the services are required to be processed at the patient's INN benefit level as well.

The patient was seen at our facility for an onset of {Diagnosis Principle}.

We are asking that the above claim to be reconsidered for additional payment due to the complexity of the diagnosis; in addition, medical records are enclosed.

Sincerely,

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