

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

Dear Appeals,

This letter is to request immediate payment of the above referenced claim. According to your representative, this claim was not processed due to failure to meet the applicable timely filing requirement.

Our records indicate that the claim was filed timely, as the patient did not provide the insurance at the time of service. We have worked diligently to obtain the patient's insurance information and after several attempts of calls and letters the patient has returned our call. Please reconsider the claim or else your policy holder will be responsible for the total billed charges. Attached is documentation to establish the initial date of filing. Your company's lack of receipt may have been due to an address change, electronic transmission failure or other internal issue. However, it is our position that we have met our timely filing obligation.

Based on the enclosed proof of timely filing, we appreciate your prompt processing of this claim. If payment is not released, please provide a claims audit report referencing the exact date the claim was entered on your system, an estimate of the claims backlog which your company experienced at that date as well as your written response to our enclosed proof of timely filing and any related claim filings received from our organization after the initial filing.

Sincerely,

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