

{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 Full Name}
Treatment Dates: {Visit Admit Date}-{Visit Discharge Date}
Amount: {Charge Total}

Dear Director of Claims,

The above referenced claim has been denied due to lack of precertification, preauthorization, or for medical necessity reasons. As you know, it is well established that medical providers must render treatment in emergency situations.

Further, it is our position that the prudent layperson standard defined by Texas Insurance Code 1301.155 should be used as the basis for determining whether this claim falls under emergency coverage. Prudent layperson, an industry standard for the assessment of urgent medical treatment, is defined as a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in (1) placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, (2) serious impairment to bodily functions or (3) serious dysfunction of any bodily organ or part.

If another standard has been applied to the review of this claim, please provide a description of the standard used as well as specific clinical factors which were not met by this treatment and the name and credentials of the medical reviewer so that we may review our rights in this matter.

Sincerely,

Claims Analyst

{User Full Name}

{User Email}

Direct Line: {User Phone}