

{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,

On {Visit Admit Date}, {Patient Full Name}, presented themselves in good faith to our practice for medical care. Since your member is enrolled in a plan that is subject to the Texas Clean Claims Act (TCC), under the Texas law 28 TAC § 21.2815, we are seeking an additional \$14,927.27. This is based upon the lessor of 50% of the difference, between billed charges and allowable charges or \$ 100,000. as a penalty under 28 TAC § 21.2815 for not paying the claim in accordance with TCC. According to the timeline:

Initial Submission: 9/19/2016
Request for Records: 9/29/2016
Submission of Records: 10/17/2016
Receipt of Records: 10/23/2016
Final Payment: 12/9/2016

The claim has been filed electronically and as such, payment was due within 30 days. The payment was received 47 days following the receipt of records. We would accept 80% of the \$14,827.27 (\$11,941.81) as an agreeable settlement to resolve this issue.

Based on the enclosed timeline, we appreciate your prompt processing of this claim. If payment is not released, we intend to file a complaint with the TDI if the settlement is not reached. If we are required to involved TDI in this matter we intend to seek the maximum penalty.

Thank you for your time and consideration in this matter.

Sincerely,

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

Enclosures: Original claim, Proof of Timely Filing form, Proof of records submission, account level notations, EOB for payment received.