

PRACTICE LETTERHEAD — enter your organization name, address, phone, fax, and email below White-label: replace with your practice branding

Date:

To:

Payer Name

Appeals Department

Mailing Address

City, State, ZIP

Re:

| FIELD | ENTER YOUR INFORMATION |
|---------------------|---|
| Date of Letter | <div style="border: 1px solid #ccc; height: 20px;"></div> |
| Patient Name | <div style="border: 1px solid #ccc; height: 20px;"></div> |
| Date of Birth | <div style="border: 1px solid #ccc; height: 20px;"></div> |
| Member / Policy ID | <div style="border: 1px solid #ccc; height: 20px;"></div> |
| Group Number | <div style="border: 1px solid #ccc; height: 20px;"></div> |
| Claim Number | <div style="border: 1px solid #ccc; height: 20px;"></div> |
| Date(s) of Service | <div style="border: 1px solid #ccc; height: 20px;"></div> |
| Provider Name / NPI | <div style="border: 1px solid #ccc; height: 20px;"></div> |
| Procedure Code(s) | <div style="border: 1px solid #ccc; height: 20px;"></div> |
| Denial Code | <div style="border: 1px solid #ccc; height: 20px;"></div> |
| Amount in Dispute | <div style="border: 1px solid #ccc; height: 20px;"></div> |

Dear Appeals Department:

We are writing to formally appeal the denial of the above-referenced claim. Our records confirm that the documentation necessary to support this service was complete, accurate, and available at the time of service. We respectfully request that this claim be reconsidered and reprocessed for payment.

Basis for Appeal:

- The clinical record clearly documents the medical necessity, provider identity, date of service, and procedures performed.
- All required supporting documentation was either submitted with the original claim or is enclosed with this appeal.
- Where documentation was requested subsequent to submission, we have provided a complete response within the required timeframe.

- The enclosed records directly address each element cited in the denial. We ask that your review team carefully consider the complete documentation package before rendering a final determination.
- If this denial is upheld, we request written notification specifying the exact documentation deficiency so we may take corrective action.

Enclosures / Supporting Documentation:

- Complete clinical notes for the date(s) of service
- Physician orders and/or referral documentation
- ABN (Advance Beneficiary Notice) if applicable
- Prior authorization confirmation (if applicable)
- Lab reports, imaging, or test results referenced in the claim
- Original claim and any prior correspondence
- Proof of timely submission (clearinghouse acceptance report)

BILLING STAFF TIPS

- Always compare the denial remark code to the specific documentation requirement — different RARC codes point to different missing elements.
- If the document was submitted but not received, include the fax confirmation sheet or clearinghouse receipt.
- Submit a cover sheet that maps each enclosed document to the specific denial reason — reviewers work faster when the connection is explicit.
- Request a call with the clinical reviewer if the denial is for documentation not supporting level of service.

Sincerely,

Authorized Signature

Name / Title

Practice / Organization

Phone

Fax

Email