

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: 15px;"></div>
Patient Name	<div style="border: 1px solid #ccc; height: 15px;"></div>
Date of Birth	<div style="border: 1px solid #ccc; height: 15px;"></div>
Member / Policy ID	<div style="border: 1px solid #ccc; height: 15px;"></div>
Group Number	<div style="border: 1px solid #ccc; height: 15px;"></div>
Claim Number	<div style="border: 1px solid #ccc; height: 15px;"></div>
Date(s) of Service	<div style="border: 1px solid #ccc; height: 15px;"></div>
Provider Name / NPI	<div style="border: 1px solid #ccc; height: 15px;"></div>
Procedure Code(s)	<div style="border: 1px solid #ccc; height: 15px;"></div>
Denial Code	<div style="border: 1px solid #ccc; height: 15px;"></div>
Amount in Dispute	<div style="border: 1px solid #ccc; height: 15px;"></div>

Dear Appeals Department:

We are writing to formally appeal the denial of the above-referenced claim, which was issued on the basis of provider credentialing or enrollment status. We respectfully request that this claim be reconsidered and reprocessed for payment.

Basis for Appeal:

- The rendering provider was credentialed with your organization and in good standing on the date of service. Enclosed is a copy of the provider's current credentialing documentation and enrollment confirmation.
- If a discrepancy exists in our provider records, we have enclosed corrected information and request that the claim be reprocessed under the correct provider profile.
- The referring/ordering/billing provider NPI on the claim matches the enrolled provider record. Any mismatch is a data entry error we have corrected in this resubmission.

- If the denial is based on the provider not being credentialed for a specific procedure, the enclosed documentation confirms the provider's qualifications, certifications, and scope of practice support the service rendered.
- Retroactive denial of claims based on credentialing status — when the provider was contracted and in good standing at the time of service — is not consistent with your plan's contractual obligations or applicable state prompt payment requirements. We ask that the effective date of enrollment be confirmed and that this claim be processed accordingly.
- If there is an outstanding credentialing application or re-enrollment requirement, please advise us in writing of the specific deficiency so we may resolve it immediately.

Enclosures / Supporting Documentation:

- Provider NPI confirmation from NPPES
- Payer-specific enrollment confirmation or contract effective date
- Current state license(s) for the rendering provider
- DEA certificate (if applicable)
- CLIA certificate (for laboratory services, if applicable)
- Board certification or specialty credentials (if applicable)
- Corrected claim or resubmission (if applicable)
- Credentialing application submission confirmation (if pending)

BILLING STAFF TIPS

- CARC 185 (rendering provider not eligible) denials are most often caused by a provider not yet being loaded in the payer's system — check the enrollment effective date against the date of service.
- For NPI-related denials (CARC 206, 207, 208), pull the provider's NPI from NPPES and cross-reference against what was submitted on the 837 — a single transposed digit will deny every claim.
- CARC 299 (billing provider not eligible) is commonly caused by a Tax ID / NPI mismatch in the payer's system — verify the combination was submitted correctly.
- Keep a credentialing matrix showing each provider's enrollment status with every active payer — this prevents billing against payers where enrollment hasn't been confirmed.
- If the provider was contracted and providing services before the denial, request the payer's retroactive enrollment policy in writing.

Sincerely,

Authorized Signature

Name / Title

Practice / Organization

Phone

Fax

Email