

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: 19px;"></div>
Patient Name	<div style="border: 1px solid #ccc; height: 19px;"></div>
Date of Birth	<div style="border: 1px solid #ccc; height: 19px;"></div>
Member / Policy ID	<div style="border: 1px solid #ccc; height: 19px;"></div>
Group Number	<div style="border: 1px solid #ccc; height: 19px;"></div>
Claim Number	<div style="border: 1px solid #ccc; height: 19px;"></div>
Date(s) of Service	<div style="border: 1px solid #ccc; height: 19px;"></div>
Provider Name / NPI	<div style="border: 1px solid #ccc; height: 19px;"></div>
Procedure Code(s)	<div style="border: 1px solid #ccc; height: 19px;"></div>
Denial Code	<div style="border: 1px solid #ccc; height: 19px;"></div>
Amount in Dispute	<div style="border: 1px solid #ccc; height: 19px;"></div>

Dear Appeals Committee:

We are writing to appeal the denial of the above-referenced claim, which was denied under CARC 29 (timely filing). We respectfully disagree with this determination and provide the following evidence of timely submission.

Original Submission Evidence:

Original Submission Date:

Submission Method (Electronic/Paper):

Confirmation / Tracking Number:

Clearinghouse Name (if applicable):

The claim was originally submitted within the timely filing requirement per our provider agreement. The attached documentation confirms receipt of our original submission prior to the filing deadline.

Contract / Policy Reference:

Per provider agreement dated:

Timely filing limit:

days from date of service.

Circumstances Affecting Timely Filing (if applicable):

COB delay — Primary payer payment received late

Primary EOB date received:

Billing system / practice management issue

Natural disaster or declared emergency affected operations

Other circumstances:

We respectfully request that you overturn this denial and process the claim for payment. The documentation provided clearly demonstrates compliance with timely filing requirements. Please contact us at the number below if additional information is needed.

Enclosures / Supporting Documentation:

- Original submission confirmation/receipt
- Clearinghouse acceptance report with timestamp
- Certified mail receipt (if applicable)
- Provider agreement excerpt showing timely filing terms
- Primary payer EOB with receipt date (if COB delay)
- Claim form copy with date stamp

BILLING STAFF TIPS

- The single most important document for a CARC 29 appeal is the clearinghouse acceptance report — it proves electronic receipt before the deadline with a timestamp.
- Many payers reset the timely filing clock when COB is involved — the clock often starts from the date of the primary EOB, not the date of service.
- Save clearinghouse reports in your practice management system automatically — appeals filed months later depend entirely on that documentation.
- If the denial was caused by a system outage or declared emergency, FEMA and CMS sometimes issue blanket timely filing waivers — check before writing the appeal.

Sincerely,

Authorized Signature

Name / Title

Practice / Organization

Phone

Fax

Email