

[Place on your letterhead here]

Date

[Insert name for insurance company here]

[Insert address for payer/claims appeal department]

To Whom It May Concern:

This letter is being sent to you for review to help clear up any concerns regarding what your claims processing department has processed as duplicate claims. Enclosed you will find claim forms that are being re-submitted for processing or adjudication.

These claims are not duplicates. The enclosed are:

- ___ corrected claims, with complete information;
- ___ claims originally processed under the facility or wrong provider's name rather than the name of the actual treating physician;
- ___ claims being re-filed based on a processing error on your part, as we have explained on each enclosed claim; and/or,
- ___ other.

Your immediate attention to this matter is greatly appreciated. Please feel free to contact me with any questions or concerns.

Regards,

[Sign here]

[Insert your title (i.e. Business Office Manager)]

[Insert your practice name]