[*Insurance Company Name*]
[*Insurance Company Address*]
[*Insurance Company City, ST 12345*]

Appeal date: _____

Client name: _____

Client identification number: _____

Date of service: _____

Total claim amount: $_____

To Whom It May Concern:

The above claim has been denied due to timely filing. However, this claim was originally sent within the timely filing limits.

Please see the attached claims report, which shows that this claim was originally sent [*electronically/by mail*] to the correct insurance company on [*date*]. Because this date was within the timely filing limits, the claim should have been paid upon receipt. Therefore, it has been incorrectly denied.

Please see the attached documentation in support of this appeal. Please contact me at [*phone number*] with any questions or concerns.

Thank you for your prompt attention to this matter.

[*Your Name*]
[*Your Practice's Name*]

Enclosures