

[Your Name/Organization Name]
[Your Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

[Insurance Company Name]
[Department Name]
[Address]
[City, State, Zip Code]

Subject: Request for Updated Payer Contact and Billing Information

To Whom It May Concern,

I am writing to formally request the current contact details and billing requirements for [Insurance Company Name]. We are updating our internal records to ensure that all claims, medical records, and correspondence are directed to the correct departments.

Please provide the following information:

- **Claims Submission Address:** [Address]
- **Electronic Payer ID:** [ID Number]
- **Provider Relations Phone Number:** [Phone Number]
- **Prior Authorization Phone/Fax:** [Number]
- **Appeals Department Address:** [Address]
- **Credentialing Department Email/Phone:** [Details]

If there are specific portals or online tools required for verifying member eligibility or checking claim status, please include those details as well.

Thank you for your assistance in ensuring our records are accurate. Please send the requested information to [Your Email Address] or the return address listed above.

Sincerely,

[Your Signature]

[Your Printed Name]
[Your Title]