[Your Name/Organization Name]
[Address Line 1]
[City, State, Zip Code]
[Provider NPI Number]
[Date]

[Payer Name]
[Claims Appeals Department Address]
[City, State, Zip Code]

RE: Timely Filing Appeal
Patient Name: [Patient Name]
Date of Birth: [DOB]
Member ID: [Member ID]
Claim Number: [Claim Number]
Date of Service: [Date of Service]
Billed Amount: $[Amount]

Dear Appeals Department,

Please accept this letter as a formal appeal regarding the denial of the above-referenced claim for exceeding the timely filing limit. We respectfully request a reconsideration of this claim based on extenuating circumstances regarding our practice's transition to a new Electronic Health Record (EHR) system.

On [Date Transition Began], our facility migrated from [Old EHR Name] to [New EHR Name]. During this transition period, we experienced unforeseen technical integration issues and data migration delays that temporarily interrupted our standard billing workflows and electronic claim submissions.

These administrative disruptions were unique to this system implementation and have since been resolved. Attached to this appeal, you will find documentation regarding the software transition timeline and internal logs showing the initial attempt to process this data.

We appreciate your understanding of the challenges associated with upgrading health information technology to better serve our patients. Please reprocess this claim for payment. If you require any further information, please contact [Contact Name] at [Phone Number].

Sincerely,

[Signature]
[Printed Name]
[Title]

Enclosures: [List documents, e.g., EHR Transition Timeline, Screen Captures, Original Claim]