[Your Name/Practice Name]
[Address]
[City, State, Zip Code]
[Phone Number]
[Date]

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

RE: Claim Appeal for Timely Filing Limit Exceeded

Patient Name: [Patient Name]
Subscriber ID: [Insurance ID Number]
Claim Number: [Claim Number (if applicable)]
Date of Service: [Date of Service]
Billed Amount: [Total Amount]

Dear Appeals Committee,

This letter is a formal appeal regarding the denial of the above-referenced claim for exceeding the timely filing limit. We are requesting an exception based on the patient's retroactive insurance eligibility.

At the time of service, the patient was not listed as active in your system. We were subsequently notified that the patient's coverage was reinstated or granted retroactively to include the date of service mentioned above. As a result, it was impossible to submit the claim within the standard filing timeframe.

Attached to this letter, please find:

- A copy of the original claim.
- Proof of retroactive eligibility (e.g., eligibility verification report or letter from the payer/employer).
- The initial denial notice.

Based on this administrative delay beyond our control, we respectfully request that you waive the timely filing requirement and process this claim for payment.

Thank you for your time and reconsideration. If you require further information, please contact me at [Phone Number].

Sincerely,

[Signature]
[Printed Name]
[Title/Department]