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

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

RE: Appeal for Timely Filing Limit - Clearinghouse Transmission Error

Patient Name: [Patient Name]
Member ID: [Subscriber ID]
Claim Number: [Claim Number]
Date of Service: [Date of Service]
Billed Amount: $[Amount]

Dear Appeals Department,

This letter is a formal appeal regarding the denial of the above-referenced claim for exceeding the timely filing limit. We are requesting a reconsideration of this denial based on documented evidence of a clearinghouse transmission error that occurred outside of our office's control.

The claim was originally submitted on [Original Submission Date] via our clearinghouse, [Clearinghouse Name]. However, due to a technical transmission failure between the clearinghouse and your gateway, the claim was not successfully received within your system's initial filing window.

Please find the following documentation attached to support this appeal:

- A copy of the original claim form (CMS-1500 or UB-04).
- The Transmission Acceptance Report/Electronic Data Interchange (EDI) log from our clearinghouse confirming the initial submission attempt.
- A rejection report showing the technical error code encountered during the transmission process.

Per the attached records, the provider acted in good faith to submit the claim within the required timeframe. We kindly request that you waive the timely filing requirement and process this claim for payment.

Thank you for your assistance in resolving this matter. If you require further information, please contact [Contact Person Name] at [Phone Number].

Sincerely,

[Signature]
[Printed Name]
[Title]