[Date]

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

RE: Appeal for Timely Filing Limit Exceeded

Patient Name: [Patient Name]
Member ID: [Member ID]
Claim Number: [Claim Number]
Date of Service: [Date of Service]
Billed Amount: [Total Charges]

To Whom It May Concern,

Please accept this letter as a formal appeal regarding the denial of the above-referenced claim for exceeding the timely filing limit. We are requesting a reconsideration for payment due to an documented technical outage of your provider portal.

On **[Date of Attempted Submission]**, our billing department attempted to submit this claim electronically. However, the **[Payer Name]** portal was experiencing a technical failure, preventing successful transmission. Due to this system downtime, we were unable to process the claim within the standard filing window.

Enclosed with this letter, please find the following supporting documentation:

- A copy of the original claim.
- Screenshots of the portal error message/outage notification.
- Electronic Data Interchange (EDI) rejection reports or internal logs showing the attempted submission date.

We kindly request that you waive the timely filing requirement in this instance as the delay was caused by a verified system error on the payer side. Please reprocess this claim for payment.

Thank you for your time and attention to this matter. If you require further information, please contact me at **[Phone Number]** or **[Email Address]**.

Sincerely,

[Your Name/Signature]
[Your Title]
[Facility/Practice Name]
[Tax ID Number]