[Your Name/Organization Name]
[Address Line 1]
[Address Line 2]
[Phone Number]
[Date]

[Payer Name]
[Claims Appeals Department]
[Address Line 1]
[Address Line 2]

RE: Timely Filing Appeal
Patient Name: [Patient Name]
Member ID: [Member ID Number]
Claim Number: [Claim Number]
Date of Service: [Date of Service]
Billed Amount: $[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 respectfully request a waiver of the filing deadline due to extreme hardship caused by a natural disaster.

On [Date of Event], our area was impacted by [Type of Disaster, e.g., Hurricane, Flood, Wildfire]. As a result of this catastrophe, our operations were severely disrupted by:

- [Detailed reason: e.g., Loss of power/internet connectivity]
- [Detailed reason: e.g., Physical damage to the facility]
- [Detailed reason: e.g., Mandatory evacuation orders]

These circumstances beyond our control made it impossible to submit the claim within the standard timeframe. Included with this letter, please find supporting documentation of the disaster, such as [Emergency Declaration/News Reports/Insurance Photos].

We kindly ask that you reconsider this claim for payment given these extraordinary circumstances. Please contact us at [Phone Number] if you require additional information.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Title]