[Date]

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

RE: Appeal for Timely Filing Limit Exceeded
Provider Name: [Provider Name]
Provider NPI: [Provider NPI]
Patient Name: [Patient Name]
Member ID: [Member ID]
Claim Number: [Claim Number]
Date of Service: [Date of Service]

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 reconsideration of this claim due to extenuating circumstances involving a provider credentialing backlog within your organization.

The provider, [Provider Name], submitted all required credentialing documentation on [Date Application Submitted]. However, due to delays and backlogs in [Payer Name]'s credentialing department, the provider's effective date was not finalized until [Date Credentialing Completed].

Claims for services rendered during this pending period could not be successfully submitted or processed until the provider's NPI was fully activated in your system. We have filed this claim immediately upon receiving notification that the credentialing process was complete.

Please find the following supporting documentation attached:

- Copy of the original credentialing application/contract request.
- Correspondence from your credentialing department confirming the delay or effective date.
- A copy of the denied claim and the EOB.

Given that the delay was outside of our facility's control and resulted from administrative processing times on the payer side, we request that the timely filing requirement be waived and the claim be processed for payment.

Thank you for your time and assistance in resolving this matter. Should you require further information, please contact [Contact Name] at [Phone Number] or [Email Address].

Sincerely,

[Your Signature]
[Your Printed Name]

[Title]
[Practice/Facility Name]