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

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

RE: Formal Appeal for Timely Filing Limit Exceeded

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 are requesting a reconsideration of this denial due to unavoidable delays in medical records processing that prevented the claim from being submitted within the standard timeframe.

The delay was caused by: [Briefly describe the reason, e.g., third-party medical records vendor backlog, extended physician signature delay, or system migration]. Because this specific claim required complete clinical documentation for accurate coding and billing, the submission was held until all necessary records were finalized to ensure compliance and medical necessity verification.

Attached to this appeal, please find:

- A copy of the original claim.
- The Explanation of Benefits (EOB) showing the denial.
- Correspondence or logs demonstrating the timeline of the medical records request and receipt.
- The completed medical records for the date of service.

We kindly request that you waive the timely filing requirement in this instance and process the claim for payment based on the attached documentation. Our office has since implemented [briefly mention a corrective action, e.g., new tracking software] to prevent similar delays in the future.

Thank you for your time and consideration of this appeal. Please contact [Contact Name] at [Phone Number] if you require further information.

Sincerely,

[Signature]
[Printed Name]
[Title]