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

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

RE: Appeal for Timely Filing Limit Exceeded

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

To Whom It May Concern,

I am writing to formally appeal the denial of the above-referenced claim based on timely filing limits. We request a reconsideration of this claim due to an administrative error regarding incorrect patient demographics.

The initial delay in submission was caused by inaccurate demographic information provided at the time of service/registration. Specifically, [mention specific error, e.g., an incorrect policy number or misspelled name] prevented the initial claim from routing to the correct payer. Once the error was identified and the demographics were updated on [Date], the claim was immediately resubmitted.

Attached you will find documentation supporting this request, including:

- The corrected claim.
- Internal logs showing the date the demographic update was performed.
- Correspondence or records showing the discovery of the incorrect data.

We kindly ask that you waive the timely filing requirement in this instance and process the claim for payment. Thank you for your time and attention to this matter.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Title/Department]