[Your Name/Organization Name]
[Tax ID Number]
[NPI Number]
[Address]
[City, State, Zip Code]
[Phone Number]

[Date]

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

RE: 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 Department,

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 of this denial based on the receipt of a **retroactive prior authorization**.

The claim was initially delayed or could not be processed within the standard timeframe because the required authorization was under review or granted retroactively by [Payer Name/Utilization Management]. Attached to this appeal, you will find the following supporting documentation:

- Copy of the Retroactive Prior Authorization approval (Auth #: [Authorization Number]).
- Proof of the date the authorization was granted ([Date]).
- A copy of the original claim.
- The Remittance Advice showing the timely filing denial.

Because the authorization was approved retroactively on [Date], it was impossible to submit a clean claim meeting all requirements prior to that date. Per your guidelines regarding administrative delays and retroactive approvals, we request that the timely filing limit be waived and the claim be processed for payment.

Thank you for your time and professional cooperation in this matter. If you require additional information, please contact [Contact Name] at [Phone Number].

Sincerely,

[Your Signature]
[Typed Name and Title]