[Date]

[Insurance Company Name]
[Appeals Department Address]
[City, State, Zip Code]

RE: Appeal for Timely Filing Limit Exceeded
Patient Name: [Patient Name]
Member ID: [Subscriber ID]
Group Number: [Group Number]
Claim Number: [Claim Number (if applicable)]
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 due to timely filing limits. We are requesting a waiver of the filing deadline due to significant administrative extenuating circumstances within our clinic.

During the period this claim should have been processed, our facility experienced unexpected and total turnover within our administrative and billing departments. This transition resulted in a temporary disruption of our standard billing workflows and a backlog of claims processing. Specifically, the loss of key personnel led to an unavoidable delay in the initial submission of this claim.

Since the turnover, we have hired and trained new staff and implemented updated tracking protocols to ensure all future claims are submitted within your required timeframe. Attached, please find the following documentation to support our request for reconsideration:

- A copy of the original claim.
- Internal logs showing the date the service was rendered.
- [Optional: Documentation of staffing changes or office closure dates].

We kindly request that you review this appeal and process the claim for payment, as the delay was strictly administrative and not related to the medical necessity or validity of the services provided to your member.

Thank you for your time and consideration of this request. Please contact us at [Phone Number] or [Email Address] if you require further information.

Sincerely,

[Your Name/Signature]
[Title/Position]

[Clinic/Facility Name]
[NPI Number]