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

RE: Timely Filing Appeal
Patient Name: [Patient Name]
Date of Birth: [DOB]
Member ID: [ID Number]
Claim Number: [Claim Number]
Date of Service: [DOS]
Billed Amount: [Amount]

To Whom It May Concern,

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 an exception to the filing deadline due to a delay in processing by the patient's primary insurance carrier.

The primary payer, [Primary Insurance Name], did not issue their final Explanation of Benefits (EOB) until [Date of Primary EOB]. As a secondary payer, we were unable to accurately calculate the remaining balance or submit a clean claim to your organization until the primary adjudication was completed. This claim was submitted to you on [Date Submitted to Secondary], which is within [Number] days of receiving the primary carrier's determination.

Enclosed, please find the following supporting documentation:

- A copy of the original claim.
- The Explanation of Benefits (EOB) from the primary payer showing the processing date.
- Proof of original submission to the primary carrier.

Based on the coordination of benefits guidelines, we request that you waive the timely filing requirement and process this claim for payment. If you require any further information, please contact [Contact Name] at [Phone Number].

Sincerely,

[Your Name/Provider Name]
[NPI Number]
[Tax ID Number]
[Phone Number]