[Your Name]
[Your Address]
[City, State, Zip Code]
[Phone Number]
[Medicare Number]

[Date]

[Medicare Contractor Name / Coordination of Benefits Department]
[Address]
[City, State, Zip Code]

RE: Medicare Secondary Payer (MSP) Appeal / Coordination of Benefits Correction
Beneficiary Name: [Your Name]
Medicare Number: [Your Medicare Number]
Reference/Claim Number: [Claim Number if applicable]

To Whom It May Concern,

I am writing to formally appeal the determination that Medicare is the secondary payer for the medical services received on [Date of Service]. I am requesting a correction to my Coordination of Benefits (COB) records.

My records indicate that Medicare should be the primary payer for the following reason(s):

- The other insurance coverage listed ([Name of Other Insurance]) ended on [Termination Date].
- I am no longer employed by [Employer Name], as of [Retirement/Termination Date].
- The coverage listed is a supplemental/Medigap policy and not a Group Health Plan.
- The liability/workers' compensation case associated with this record has been settled or closed as of [Date].

Please find the enclosed supporting documentation, including: [List documents, e.g., termination letter from previous insurer, retirement notice, or EOB].

I request that you update the Common Working File (CWF) to reflect Medicare as the primary payer and reprocess any denied claims associated with this error.

Thank you for your prompt attention to this matter. Please notify me in writing once the records have been updated.

Sincerely,

[Your Signature]
[Your Printed Name]