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

[Date]

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

RE: Notice of Denial / Appeal for Reconsideration

Patient Name: [Patient Full Name]
Member ID: [ID Number]
Claim Number: [Claim Number]
Date of Service: [Date of Service]
Provider Name: [Physician/Clinic Name]

To Whom It May Concern,

I am writing to formally appeal the denial of the preventive clinic services provided on [Date of Service], which were denied on the basis of being "bundled" or integrated into other services. I am requesting a reconsideration of this claim based on medical necessity and the distinct nature of the services performed.

While the service was coded as a preventive visit, it involved specific, medically necessary evaluations that fall outside the scope of a standard bundled package. During this visit, the following distinct concerns were addressed: [Briefly list specific symptoms or chronic conditions discussed].

According to the Affordable Care Act (ACA) and standard coding guidelines, preventive services should be covered without cost-sharing. Furthermore, if a separate and significant problem was addressed during the preventive visit, the additional evaluation is medically necessary and should be reimbursed accordingly. Bundling these services incorrectly shifts the financial burden to the patient for essential medical care.

Enclosed you will find the following supporting documentation:

- A copy of the original claim and denial notice.
- Clinical notes from the provider documenting the medical necessity.
- [Optional: Any relevant lab results or prior authorizations].

I request that you review this claim again and process it for payment as a separate, medically necessary service rather than a bundled encounter. Please provide a written response regarding your decision within [30] days.

Thank you for your time and attention to this matter.

Sincerely,

[Your Signature]
[Your Printed Name]