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

[Date]

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

RE: Appeal of Denied Claim
Patient Name: [Patient Name]
Member ID: [Member ID Number]
Claim Number: [Claim Number]
Date of Service: [Date of Service]
Provider Name: [Clinic/Doctor Name]

To Whom It May Concern,

I am writing to formally appeal the denial of coverage for the following service(s): [List Specific Service/CPT Code]. This claim was denied on the basis that the service is "bundled" into another procedure performed on the same day.

I am requesting a reconsideration of this denial. While I understand that certain procedures are routinely bundled, the service provided in this instance was distinct, medically necessary, and separate from the primary procedure. [Optional: Insert brief explanation of why the services were separate, e.g., different anatomical site or distinct diagnosis].

Attached you will find the following supporting documentation:

- A copy of the original Explanation of Benefits (EOB).
- Medical records and clinical notes detailing the distinct nature of the service.
- A letter of medical necessity from my healthcare provider.

Please review this claim again to ensure that the coding accurately reflects the care provided. I look forward to your written response within [Number] days as per my policy guidelines.

Sincerely,

[Your Signature]
[Your Printed Name]