[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 Claim Denial for Duplicate Billing
Patient Name: [Patient Name]
Member ID: [Member ID]
Claim Number: [Claim Number]
Date of Service: [Date of Service]
Total Amount Billed: $[Amount]

Dear Appeals Department,

I am writing to formally appeal the denial of the above-referenced claim. The claim was denied as a "duplicate submission"; however, this service was a bilateral procedure performed on two separate sides of the body during the same session.

The procedure performed was [Name of Procedure], CPT Code [CPT Code]. Because this was a bilateral service, it was billed using Modifier -50 (or with separate line items using modifiers RT and LT) to indicate that the procedure was not a duplicate, but rather performed on both the right and left sides.

Please find the following documents attached to support this appeal:

- Operative report confirming the procedure was performed bilaterally.
- Original claim form showing correct modifier usage.
- The Explanation of Benefits (EOB) showing the denial.

I request that you re-process this claim as a bilateral procedure and issue the appropriate payment. If you require further information, please contact me at [Phone Number].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]
[Your Printed Name]