[Your Name/Organization Name]
[Address]
[City, State, Zip Code]
[Phone Number]
[Date]

[Payer Name]
[Appeals Department]
[Address]
[City, State, Zip Code]

RE: Final Administrative Appeal for Duplicate Claim Denial

Patient Name: [Patient Name]
Policy Number: [Subscriber ID]
Claim Number: [Original Claim Number]
Date of Service: [Date]
Total Billed Amount: $[Amount]

To the Appeals Committee,

This letter serves as a formal final administrative appeal regarding the denial of the above-referenced claim. The claim was denied with a remark code indicating a "Duplicate Claim." We have reviewed our records and determined that this denial is incorrect.

The services rendered on [Date] are not duplicates because:

- [Reason 1: e.g., The services were performed at different times of the same day.]
- [Reason 2: e.g., The codes represent distinct anatomical sites or bilateral procedures.]
- [Reason 3: e.g., The previous submission was an inquiry and not a formal claim.]

Attached you will find the supporting documentation, including [Medical Records / Operative Report / Corrected CMS-1500 Form], which clearly distinguishes these services as separate and distinct from any previously submitted claims.

We request an immediate administrative review and the reprocessing of this claim for payment. If this appeal is denied, please provide a detailed explanation citing the specific policy or guideline used to justify the duplicate status.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]
[Typed Name]
[Title]

Enclosures: [List attached documents]