

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

[Date]

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

RE: Letter of Appeal for Claim #[Claim Number]

Patient Name: [Patient Name]
Member ID Number: [ID Number]
Group Number: [Group Number]
Date of Service: [Date of Service]
Provider Name: [Doctor/Facility Name]

To Whom It May Concern,

I am writing to formally appeal the processing of the above-referenced claim. This claim was processed as diagnostic service, resulting in out-of-pocket costs (copayment/deductible/coinsurance). I am requesting that this claim be reprocessed as preventive care.

The service performed was a routine [Type of Service, e.g., Screening Colonoscopy/Annual Physical/Mammogram]. Under the Patient Protection and Affordable Care Act (ACA), preventive services must be covered at 100% with no cost-sharing when performed by an in-network provider.

The purpose of this visit was strictly preventive. No new symptoms were discussed, and no existing conditions were treated that would justify a diagnostic billing code. I have attached the office notes from my provider confirming that this was a routine screening.

Please review the medical records and the billing codes submitted by [Provider Name]. I request that you adjust the claim to reflect preventive benefits and provide a refund for any overpayment I have made, or update my member responsibility to \$0.00.

Thank you for your prompt attention to this matter. I look forward to receiving a written response within [30] days.

Sincerely,

[Your Signature]
[Your Printed Name]

Enclosures:

- Copy of Explanation of Benefits (EOB)
- Supporting medical records/provider notes