

[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 for Claim Number: [Claim Number]**

Patient Name: [Patient Name]  
Policy Number: [Policy Number]  
Date of Service: [Date of Service]

To Whom It May Concern,

I am writing to formally appeal the denial of coverage or the incorrect billing for the preventive screening I received on [Date of Service] at [Provider Name].

The service was billed as a diagnostic procedure; however, this visit was for a routine preventive screening ([Name of Screening, e.g., Screening Colonoscopy or Mammogram]). Under the Affordable Care Act (ACA), preventive services should be covered at 100% with no cost-sharing to the patient when performed by an in-network provider.

I am requesting a coding correction and a reprocessing of this claim as a preventive service rather than a diagnostic one. No symptoms or pre-existing conditions were present that would justify a diagnostic classification for this screening.

Enclosed are copies of [mention any documents, such as the Explanation of Benefits (EOB) or the physician's order for a screening].

Please review this claim and update my account to reflect the correct preventive status. I look forward to your response within 30 days.

Sincerely,

[Your Signature]

[Your Printed Name]