

[Your Name]
[Your Address]
[Your Phone Number]
[Your Email Address]

[Date]

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

RE: Appeal for Claim #[Claim Number]
Member ID: [Your Member ID Number]
Date of Service: [Date of Exam]
Provider Name: [Doctor's Name]

To Whom It May Concern,

I am writing to formally appeal the denial/billing classification of the claim mentioned above. My recent visit on [Date] was intended to be a routine annual wellness exam, which is covered at 100% under my preventative care benefits. However, this visit was processed as a diagnostic office visit, resulting in an unexpected [Co-pay/Deductible] charge of \$[Amount].

I am requesting a reclassification of this visit for the following reasons:

- The primary purpose of the appointment was a routine preventative screening.
- No new medical conditions were diagnosed, and no existing chronic conditions required acute management during this specific exam.
- Under the Affordable Care Act (ACA), preventative services should be covered without cost-sharing.

I have attached a copy of the explanation of benefits (EOB) and a statement from my healthcare provider confirming that the intent of the visit was preventative. I ask that you review the medical coding submitted for this claim and reprocess it as a routine wellness exam.

Please notify me of your decision in writing within 30 days. Thank you for your time and assistance in resolving this matter.

Sincerely,

[Your Signature]

[Your Printed Name]