

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

[Date]

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

**RE: Letter of Appeal for Claim Correction**

**Patient Name:** [Your Name / Patient Name]

**Member ID:** [Your ID Number]

**Claim Number:** [Claim Number]

**Date of Service:** [Date of Visit]

To Whom It May Concern,

I am writing to formally appeal the billing for the claim mentioned above. My visit on [Date of Visit] with [Provider Name] was scheduled as a routine annual physical/preventative wellness exam.

According to the Affordable Care Act (ACA) and my insurance policy, routine annual physicals and preventative screenings are covered at 100% with no cost-sharing, copayment, or deductible applied. However, I noticed on my Explanation of Benefits (EOB) that I was charged for [mention specific charge, e.g., an office visit fee or lab work].

During this visit, only routine preventative services were performed. No new illnesses were diagnosed, and no chronic conditions were managed outside of the scope of a standard physical exam. It appears this visit may have been incorrectly coded as a diagnostic or sick visit rather than a preventative wellness exam.

I request that you re-process this claim as a preventative service. I have also contacted my provider's office to request a review of the billing codes submitted (ICD-10 and CPT codes) to ensure they reflect a preventative visit.

Please review this claim and provide a written response regarding the correction. Thank you for your time and assistance in this matter.

Sincerely,

[Your Signature]  
[Your Printed Name]

Enclosures: [Copy of EOB, Copy of Provider Bill]