

[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 of Claim Denial / Incorrect Cost-Sharing

Patient Name: [Your Name]
Member ID Number: [Your ID Number]
Group Number: [Your Group Number]
Claim Number: [Claim Number]
Date of Service: [Date of Procedure]

Dear Appeals Department,

I am writing to formally appeal the processing of my claim for a colonoscopy performed on [Date of Service] by [Doctor's Name]. My records indicate that I was charged [Deductible/Coinsurance/Copay amount] for this procedure. I am requesting that this claim be reprocessed as a preventive service with \$0 patient cost-sharing.

This procedure was a screening colonoscopy. Under the Affordable Care Act (ACA), most private health plans must cover preventive services recommended by the U.S. Preventive Services Task Force (USPSTF) with no out-of-pocket costs to the patient. Screening for colorectal cancer is a Grade A recommendation for adults in my age group.

Furthermore, federal guidance (including FAQs from the Department of Labor, HHS, and the Treasury) clarifies that if a polyp is removed during a preventive screening colonoscopy, the procedure must still be covered as a preventive service without cost-sharing. The removal of a polyp is an integral part of the screening and does not change the intent of the visit from preventive to diagnostic for billing purposes.

I have attached the following supporting documents:

- A copy of the Explanation of Benefits (EOB).
- The operative report showing the intent was a screening.
- [Optional: A letter from my physician stating this was a screening].

Please review this claim and update my account to reflect a \$0 balance for this service. I look forward to your written response within 30 days.

Sincerely,

[Your Signature]

[Your Printed Name]