

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

[Date]

[Name of Billing Department or Office Manager]  
[Clinic/Facility Name]  
[Clinic Address]  
[City, State, Zip Code]

**RE: Appeal for Medical Coding Reclassification**

Patient Name: [Patient Name]  
Patient Date of Birth: [DOB]  
Account/Invoice Number: [Invoice Number]  
Date of Service: [Date of Service]

To Whom It May Concern,

I am writing to formally request a review and reclassification of the medical coding used for the bloodwork performed on [Date of Service].

The laboratory services were billed using diagnostic codes that triggered a patient responsibility of \$[Amount]. However, these tests were ordered by Dr. [Physician Name] as part of a routine preventive wellness examination. Under my insurance plan, preventive screenings and routine laboratory work are covered at 100%, provided they are coded correctly as "preventive" (typically using a Z-code).

The specific labs in question include:

- [List Test Name, e.g., Lipid Panel]
- [List Test Name, e.g., Metabolic Panel]
- [List Test Name, e.g., CBC]

I request that your billing department review the medical records for this visit. If these tests were indeed preventive in nature and not prompted by a specific new illness or chronic condition symptom during the visit, I ask that you resubmit the claim to [Insurance Company Name] using the appropriate preventive ICD-10 codes.

Please place this account on hold during the review process to prevent it from being sent to collections. I look forward to receiving a corrected statement or a written explanation regarding the coding decision within 30 days.

Thank you for your assistance in this matter.

Sincerely,

[Your Signature]

[Your Printed Name]