

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

[Date]

Billing Administrator
[Clinic or Hospital Name]
[Billing Department Address]

RE: Appeal for Incorrect Billing of Preventive Mammogram

Patient Name: [Patient Name]
Date of Service: [Date of Mammogram]
Account Number: [Account Number]
Invoice/Claim Number: [Claim Number]

To the Billing Administrator,

I am writing to formally appeal the billing for my recent screening mammogram performed on [Date of Service]. I received a bill for [Amount] indicating that the service was processed as a diagnostic procedure rather than a preventive screening.

This visit was intended to be a routine preventive screening mammogram. Under the Patient Protection and Affordable Care Act (ACA), preventive screenings must be covered at 100% by insurance without any patient cost-sharing when performed by an in-network provider. Because I have no symptoms and this was a scheduled annual check-up, it should have been coded as a screening (CPT code 77067) rather than a diagnostic procedure.

I request that your coding department review my medical records for this date and resubmit the claim to my insurance provider using the appropriate preventive screening codes. If a "modifier 33" is required to indicate a preventive service, please ensure it is applied to the corrected claim.

Please place this account on hold while the coding is being reviewed to prevent any unnecessary late fees or collections actions. I look forward to receiving a confirmation that the corrected claim has been submitted to my insurance company.

Sincerely,

[Your Signature]

[Your Printed Name]