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

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

RE: Appeal of Claim Denial
Patient Name: [Patient Name]
Policy Number: [Policy Number]
Group Number: [Group Number]
Claim Number: [Claim Number]
Date of Service: [Date of Service]

Dear Appeals Department,

I am writing to formally appeal the denial of the above-referenced claim. The claim was denied citing a coding or billing error. After reviewing the medical records and the Explanation of Benefits (EOB), I believe this denial was made in error or was the result of a clerical discrepancy.

The specific services in question include: [List specific CPT or HCPCS codes].

I have reviewed the documentation, and I am providing the following correction/clarification:

- [Example: The CPT code used was incorrect and should be replaced with code XXXXX.]
- [Example: A required modifier (e.g., -25 or -59) was omitted and has now been added.]
- [Example: The diagnosis code (ICD-10) did not accurately reflect the primary reason for the visit.]

Attached you will find the corrected claim form along with the supporting medical documentation and provider notes that justify the use of these specific codes. These records demonstrate that the services were medically necessary and billed according to standard coding guidelines.

Please re-process this claim with the corrected information provided. I look forward to receiving a written notification of your decision within [Number] days.

Sincerely,

[Your Signature]
[Your Printed Name]

Enclosures:
Corrected Claim Form
Original Explanation of Benefits (EOB)
Medical Records/Provider Notes