

Date: [Insert Date]

To: [Payer Name]

Claims Department: [Insert Address]

City, State, Zip: [Insert City, State, Zip]

RE: Corrected Claim / Resubmission for Missing Medical Records

Patient Name: [Patient Name]

Member ID: [Member ID]

Group Number: [Group Number]

Claim Number: [Original Claim Number]

Date of Service: [Date of Service]

Total Billed Amount: [Amount]

To Whom It May Concern,

This letter is regarding the denial of the above-referenced claim. The claim was previously denied for the following reason: [Insert Denial Reason, e.g., Missing Medical Records/Documentation].

Enclosed, please find the requested medical records for the date of service listed above. These records include:

- [Item 1: e.g., Office Visit Notes]
- [Item 2: e.g., Operative Report]
- [Item 3: e.g., Lab Results]

This documentation supports the medical necessity of the services provided. Please process this corrected claim for payment.

If you require any additional information, please contact our office at [Your Phone Number] or via email at [Your Email Address].

Sincerely,

[Your Name/Name of Practice]

[Your Title]

[Tax ID Number]

[NPI Number]

Enclosures: Medical Records, Original EOB, Corrected Claim Form