

Date: [Insert Date]

To:

[Payer Name]

[Claims Department Address]

[City, State, Zip Code]

RE: Corrected Claim Resubmission / Duplicate Claim Resolution

Patient Name: [Patient Name]

Subscriber ID: [Member ID Number]

Group Number: [Group Number]

Claim Number: [Original Claim Number]

Date of Service: [Date of Service]

Billed Amount: [Total Charges]

Dear Claims Review Department,

This letter is regarding the claim referenced above, which was previously denied as a duplicate. We are resubmitting this as a **Corrected Claim** to resolve the initial denial.

The original submission contained [Briefly state error, e.g., incorrect modifier/wrong procedure code]. We have updated the claim to reflect the following changes:

- [Detail change 1, e.g., Added Modifier -59 to line item 2]
- [Detail change 2, e.g., Corrected CPT code from 99213 to 99214]

Please process this corrected claim for payment. The original claim was not a duplicate but required these specific corrections for accurate adjudication.

Attached please find:

- The Corrected Claim (HCFA 1500 / UB-04)
- The original Explanation of Benefits (EOB)
- Supporting medical documentation

If you require further information, please contact our billing department at [Phone Number] or [Email Address].

Sincerely,

[Your Name/Provider Name]

[Tax ID Number]

[NPI Number]