

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Action Required: Insurance Claim Denial for Services on [Date of Service]

Dear [Patient Name],

We are writing to inform you that your insurance provider, [Insurance Company Name], has denied the claim for your visit on [Date of Service].

Reason for Denial: Coverage Inactive/Terminated. According to your insurance carrier, your policy was not active on the date the services were provided.

To resolve this matter, please complete one of the following actions within [Number] days:

- **Update Insurance Information:** If you have a new insurance provider or a different policy, please provide the carrier name, member ID, and group number to our billing office.
- **Contact Your Carrier:** If you believe your coverage was active, please contact [Insurance Company Name] at the number on your ID card to rectify the error and notify us of the outcome.
- **Self-Pay Arrangement:** If you did not have active insurance on this date, you are responsible for the balance of \$[Amount]. Please contact us to make a payment or set up a payment plan.

Please contact our Billing Department at [Phone Number] or [Email Address] to provide updated information or to settle this balance.

Thank you for your prompt attention to this matter.

Sincerely,

[Billing Manager Name]

[Practice/Facility Name]