

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Re: Action Required Regarding Your Insurance Coverage

Dear [Patient Name],

We are writing to follow up on a previous request regarding your insurance coverage for services provided on [Service Date].

Our billing department has been attempting to process your claim with [Insurance Company Name]. However, they require additional information directly from you before they can finalize payment. We have been notified that you need to contact them regarding [Specific Reason, e.g., Coordination of Benefits / Incident Details / Missing Information].

Please take the following steps immediately:

- Call [Insurance Company Name] at [Insurance Phone Number].
- Provide them with the requested information.
- Once completed, please contact our office at [Office Phone Number] to let us know so we may resubmit your claim.

Please be advised that if the insurance company does not receive this information within [Number] days, the balance of \$[Amount] may become your personal responsibility.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name/Department]

[Practice/Facility Name]

[Contact Phone Number]