

[Sender Name/Department]
[Organization Name]
[Address Line 1]
[Date]

[Recipient Name]
[Recipient Address Line 1]
[City, State, Zip Code]

RE: Notice of Claim Rejection - Late Submission

Dear [Recipient Name],

We have received your claim submitted on [Date of Submission] regarding [Description of Claim/Service Date].

After reviewing the details, we regret to inform you that your claim has been rejected. According to our established policies and the terms of your agreement, all claims must be submitted within [Number of Days] days of the date of service or occurrence.

Claim Details:

- Claim Number: [Insert Number]
- Date of Service: [Insert Date]
- Submission Deadline: [Insert Deadline Date]
- Actual Submission Date: [Insert Date]

Because this filing exceeded the mandatory time limit, we are unable to process the claim for reimbursement or coverage at this time.

If you believe there has been an error or if you have extenuating circumstances that prevented timely filing, you may submit a written appeal. All appeals must be filed by [Appeal Deadline Date] and include supporting documentation.

If you have any questions, please contact our claims department at [Phone Number] or [Email Address].

Sincerely,

[Signature]
[Printed Name]
[Job Title]