

Medical Claim Letter

Subject: Medical Claim Dispute

Policyholder: [Policyholder's Name]

Policy Number: [Policy Number]

Patient: [Patient's Name]

Date of Service: [Date(s) of Service]

Claim Number: [Claim Number]

Dear Claims Department,

I am writing to dispute the denial of a recent medical claim for [Patient's Name]. The claim in question was submitted for services rendered on [Date(s) of Service], and it pertains to [describe the nature of the medical services provided].

I have carefully reviewed the explanation of benefits (EOB) received, and it states that the claim was denied due to [reason for denial]. However, I believe that this denial is unjustified for the following reasons:

1. [Explain your first reason for disputing the denial. Provide any relevant information, such as medical records, treatment plans, or physician's notes that support your argument.]
2. [Present your second reason for disputing the denial, providing additional evidence or supporting documentation if applicable.]
3. [Include any other reasons or supporting details you have to strengthen your case.]

I kindly request a thorough review of this claim based on the information provided. I believe that the denial was made in error or based on a misunderstanding of the circumstances. The services rendered were medically necessary and aligned with the terms and conditions outlined in our policy.

I have enclosed copies of the following documents to support my claim:

- [List any relevant documents you are enclosing, such as medical records, diagnostic reports, or prior authorization letters.]

I urge you to reconsider the denial and approve the claim as soon as possible. If necessary, I am

willing to provide any further information or documentation required to support my case. Please inform me of any additional steps or procedures that need to be followed to facilitate the resolution of this dispute.

I appreciate your attention to this matter and I look forward to a prompt response. Should you require any further information, please do not hesitate to contact me at [Phone Number] or [Email Address]. Thank you for your cooperation.

Sincerely,

[Your Name]