Duplicate Claim Denial - Clarification

Subject: Appeal of Duplicate Claim Denial - Claim #[Number]

Dear Claims Department,

My claim submitted on [Date] was denied as a duplicate of claim #[Number]. However, these are separate services that should be processed independently.

The original claim dated [Date] was for [Service/Procedure], while the current claim dated [Date] is for [Different Service/Procedure]. These are distinct medical services provided on different dates for different purposes:

Claim #[Original]: [Date] - [Service] - [Provider]

Claim #[Current]: [Date] - [Service] - [Provider]

[Explain why these are different: different dates of service, different procedures, different diagnosis codes, follow-up vs. initial visit, different body parts/locations]

I have attached itemized bills and explanation of benefits for both dates of service showing that these are separate, non-duplicate claims that should both be honored under my policy coverage.

Please review the documentation and process this claim accordingly.

Thank you,

[Your Name]

[Policy Number]

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