

These tools do not provide legal advice. Consultation with legal counsel may be appropriate to help identify and pursue claims that should be appealed.

For additional information, visit the Private Sector Advocacy Web site at www.ama-assn.org/go/psa.

Sample letter to patient's employer or health plan sponsor regarding late payment

Date

Attn: _____

Employer/Plan Sponsor

Address

City, State, ZIP Code

Re: Late Payment of Claims

Dear Mr./Ms.:

I wanted to alert you to a situation occurring with *[name of health plan]*. I treat a number of your employees under *[name of health plan]*. Our practice is experiencing significant delays in payment of claims from *[name of health plan]*. *[Add any details of your particular situation]*. As I am sure you can understand, this makes it very difficult to run a medical practice.

We are extremely concerned with our ability to continue to contract with payers that are seriously delinquent in payment of claims. This concerns us a great deal, for termination of our relationship with *[name of health plan]* would interfere with established relationships with our patients, your employees. Why should premium-paying patients suffer because their payer fails to meet its obligations?

It would be very helpful to us if you could bring this issue to the attention of the representatives from *[health plan]* with whom you contract. The problem is becoming increasingly chronic in our area.

Thank you for your consideration of this matter.

Sincerely,

[Physician]

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