

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 generic appeal letter

Date

Attn:

Provider Appeals Department

Address

City, State, ZIP Code

Re:

Insured/Plan Member:

Health Plan Identification Number:

Group Number:

Patient Name:

Claim Number:

We are appealing your decision and request reconsideration of the attached claim that you denied on *[date]*.

We feel these charges should be allowed for the following reason(s):

Thank you for reviewing and reversing this claim denial. If you require any additional information, please contact *[staff name]* at *[telephone number]* between the hours of *[insert time period that staff is available to answer calls, eg, 8:00 a.m. – 5:00 p.m.]*.

Sincerely,

[Physician]

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