

Sample Appeal Letter: State Prompt Payment / Open Claim

NOTE: Sample provided for Georgia; contact your state medical society for information regarding your state's prompt payment law. A majority of the state laws include provisions for interest payments. Be sure to include your request for these monies when appealing.

Date

To Whom It May Concern:

Thank you for the opportunity to submit this denied claim for reconsideration of payment. We are contacting you about the services rendered to [Details about the patient's name, date of service, and services rendered].

We request immediate payment of the above referenced claim. According to our records, this claim was filed on [date of filing], however, payment has not yet been received.

We believe that failure to release payment may be a violation of Georgia Code 33. According to Georgia Code 33-24-59.5.(b)(1): All benefits under a health benefit plan will be payable by the insurer which is obligated to finance or deliver health care services under that plan upon such insurer's receipt of written proof of loss or claim for payment for health care goods or services provided. The insurer shall within 15 working days after such receipt mail to the insured or other person claiming payments under the plan payment for such benefits or a letter or notice which states the reasons the insurer may have for failing to pay the claim, either in whole or in part, and which also gives the person so notified a written itemization of any documents or other information needed to process the claim or any portions thereof which are not being paid. Where the insurer disputes a portion of the claim, any undisputed portion of the claim shall be paid by the insurer in accordance with this chapter. When all of the listed documents or other information needed to process the claim have been received by the insurer, the insurer shall then have 15 working days within which to process and either mail payment for the claim or a letter or notice denying it, in whole or in part, giving the insured or other person claiming payments under the plan the insurer's reasons for such denial.

[Note: full text at:

http://www.legis.state.ga.us/cgi-bin/gl_codes_detail.pl?code=33-24-59.5]

Based on this state mandate and the fact that this is a "clean claim", we ask that this claim be adjudicated immediately.

Thank you for your reconsideration.

Sincerely,

[Your Name]

Account Representative

Author's note: The sample appeal letter does not guarantee payment, and is offered as a sample only.