

Prompt Payment Appeal

Director of claims/claims department
insurance name
insurance address 1
insurance address 2
city, state, zip

Patient:
Insured:
Id no:
Service date:
Claim(s) no(s):
Re:

Dear *Director*:

This notice will serve as a request for immediate payment of the claim(s) referenced above.

The claim(s) were filed on (*list service dates with corresponding claims submission dates*) but payment has not yet been issued. This may be a violation of state law, which requires payment within ____ days and federal ERISA laws, which requires that you acknowledge receipt of claims within ____ days.

Based on the applicable law listed below, we request immediate acknowledgment and processing of the above claim(s) for payment.

(*insert law*)

Sincerely,

Physician name

Cc: patient

State insurance commission
AMA(Health Plan Complaint Division)