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SAMPLE LETTER TO USE WHEN CONTESTING INSURANCE COMPANY PAYMENT

(FILL IN THE BLANKS AND SEND WHEN YOU BELIEVE YOUR INSURANCE
HAS NOT PAID EVERYTHING IT SHOULD)

(Your Name)
(Your Address)
(Your City, State, and Zip)
(Date)

(Your Insurance Company)
(Your Insurance Company's Address)
(Your Insurance Company's City, State, and Zip)

ATTENTION: Claims Review Committee
RE: Claim Number 000000

I recently received notice that you did not make a full payment on this claim. I am preparing my records to appeal this decision and am asking you to provide the following information in writing as soon as possible:

- 1) The reason, in detail, this claim was not paid in full;
- 2) The section number and paragraph referenced in my policy which provide the reason that this claim was not paid in full;
- 3) The name of the party who reviewed this claim;
- 4) All conditions which must be met which would entitle this claim to be covered in full.

Please provide in your response, the name, address, and phone number of the person responding, along with the name of his or her supervisor.

Sincerely,

(Your Name)

cc: (Name of your insurance Plan Administrator)