

Date

Attn: Director of Claims  
Your Insurance Name Here

Re: Patient: Your Name Here  
Policy: Your Insurance ID Number Here

Treatment Dates: Date of Care Here

Dear Director of Claims,

We are in receipt of the benefit payment for the above referenced claim. It is our understanding that benefits were significantly reduced due to your determination that the billed charges are more than the usual and customary rate for certain procedures or items.

We do not believe the reduction is justified. As you are likely aware, such provider reimbursement rates are typically adjusted based on the usual and customary treatment charges for that specialty and the geographical region where treatment was provided. Further, many state and federal disclosure laws require insurers and administrators to advise beneficiaries and providers as to how the reimbursement rate is determined. However, the payment rendered does not appear to be comparable to rates charged for this service locally and no information has been given to support your position that the denial is correct.

Based on this information, we request that the reductions be reversed and an additional payment be made of billed charges. If your company does not release additional benefits, please submit the applicable policy language which justifies the reduction as well as the data used to establish the reimbursement rate so that we may determine your company's and the patient's liability in regards to the unpaid balance.

We appreciate your prompt attention to this matter.  
Sincerely,

Your Name Here  
[Your Email Here](#)  
Your Address Here  
Your Phone Number Here