

Timely Filing Appeal Letter

Appeal a claim denied due to missing the payer's timely filing deadline

PROVIDER INFORMATION

Date: [Today's Date]

Practice Name: [Your Practice Name]

Address: [Street, City, State, ZIP]

Phone: [Phone Number]

NPI: [NPI Number]

Tax ID: [Tax ID / EIN]

PAYER / INSURANCE COMPANY

Insurance Company: [Insurance Company Name]

Appeals Department: [Department Name or Address]

Address: [Street, City, State, ZIP]

Fax: [Fax Number]

CLAIM REFERENCE

RE: APPEAL OF CLAIM DENIAL

Patient Name: [Patient Full Name]

Date of Birth: [MM/DD/YYYY]

Member / Policy ID: [Member ID]

Claim Number: [Claim Number]

Date of Service: [MM/DD/YYYY]

Date of Denial: [MM/DD/YYYY]

Denial Reason: CO-29 — Timely Filing

LETTER OF APPEAL

Dear [Insurance Company] Appeals Department,

We are writing to formally appeal the denial of the above-referenced claim. The claim was denied with reason code CO-29 (Timely Filing). We respectfully contest this denial and request reconsideration based on the following:

[SELECT ONE OR MORE OF THE FOLLOWING ARGUMENTS AND DELETE THE OTHERS]

ARGUMENT 1 — Claim was submitted within the timely filing period: Our records confirm that the original claim was submitted on [original submission date], which is within the [payer's] [X]-day timely filing window. Please see the attached proof of timely submission (clearinghouse confirmation report / electronic submission acknowledgment).

ARGUMENT 2 — Claim was rejected, not denied, at initial submission: The original claim was rejected by [clearinghouse / payer] on [date] due to [reason — e.g., eligibility error / formatting issue]. We corrected and

