



TIMELY FILING APPEAL:

In most cases you can appeal a timely filing denial. Items to include with your appeal:

1. Appeal letter with specific information to the patient. (see template below)
2. Printed claim form for date of service.
3. Proof of timely filing -- This can be obtained from your clearinghouse if filed electronically. You can also print anything within your dental software that shows the date the claim was submitted whether it be a simple account note from that date that many programs automatically create or the claims queue with the submission date. Use a snipping tool or print screen if needed.
4. Original EOB from denial if you have it.
5. Be sure to include any necessary attachments according to the services rendered.

Even if the claim was filed outside the timely filing limit or you have no way of proving that it was filed within the limit, you can still appeal and put in your letter, "Please consider a one time exception for this claim." Anything you can add that explains why the claim was filed late should be added, such as the primary claim was delayed & not finalized until a later date, or the patient was unable to provide accurate plan information which delayed the filing, etc. If you spoke to a representative and they gave you false information that led to the delayed filing, include that information with the call reference #.

Some plans will require a report from the clearinghouse if it is an electronic claim and some will overturn the denial with just a copy of an account note. Mailed claims are even easier since the only way to "prove" that the claim was filed is by an account note.

Go to the insurance plan's website to make sure they do not have a different mailing address for appeals. Some have specific forms to complete for appeals, too.

If they still deny the claim and you are in-network with the plan, you are bound by contract to write off the entire remaining balance. But I have been successful in getting these claims paid as far back as 2-3 years. You still get some that won't overturn the denial, but it's worth trying!

The Owl Team



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(Your practice name and address)

(Insurance Company name and address)

(Date)

Patient Name:

Patient Identification Number:

Date of service:

Total claim amount:

To Whom It May Concern;

The above claim has been denied due to timely filing. However, this claim was originally sent within the timely filing limits. Please see attached documentation, stating that this claim was originally sent (electronically/paper) to the correct insurance company on (date). This date was within the timely filing limits and the claim should have been paid upon receipt. It has been incorrectly denied due to timely filing.

Please see all attached documentation in support of this appeal. If you have any questions or concerns, please feel free to contact me at the contact number below.

Thank you for your prompt attention to this matter.

Sincerely,

(Your name)

(Your title)

(Your contact phone number)

The Owl Team



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