



Claim Denial Letter Template

Key Takeaways

- Insurance claim denials happen to **approximately 17% of in-network claims** in the United States
- You typically have **30-180 days** to file an appeal depending on your insurance plan
- A well-organized appeal can increase your success rate by up to **60%** according to healthcare advocates
- Documentation, precise medical coding, and persistence are your strongest weapons against wrongful claim denials.

Why Health Insurance Claims Get Denied: The Reality Check

Before diving into the appeal process, it's important to understand why claims get denied in the first place. Common reasons include:

- **Administrative errors** (incorrect coding, missing information)
- **Lack of preauthorization** for procedures or treatments
- Claims deemed **not medically necessary**
- **Out-of-network** providers or services
- **Experimental or investigational** treatment classifications
- **Eligibility issues** (coverage lapsed or not in effect)
- **Duplicate claims** or billing errors

Understanding the specific reason for your denial is crucial, as it determines your appeal strategy.

Please note that this template does not guarantee approval of your denied claim, however, it will significantly increase your probability.



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Appeal Letter Template: *Be sure to customize this template to your specific situation.*

[Your Name]

[Your Address]

[Your Phone Number]

[Your Email]

[Date]

[Insurance Company Name]

Attn: Appeals Department

[Insurance Company Address]

Re: Appeal of Claim Denial

Member Name: [Your Name]

Member ID: [Your ID Number]

Claim Number: [Claim Number]

Date of Service: [Date]

Dear Appeals Department:

I am writing to appeal the denial of coverage for [treatment/service] that I received on [date]. According to your denial letter dated [date], this claim was denied because of [reason for denial]. I believe this decision is incorrect and should be reversed for the following reasons:

[Provide 2-3 paragraphs with specific, fact-based reasons why the denial should be overturned. Reference enclosed documents that support your position.]

Enclosed with this letter, please find the following supporting documentation:

- [List all enclosed documents]

Based on this information, I request that you reconsider your decision and provide coverage for this [treatment/service] as outlined in my policy. Please provide a written response to this appeal within the timeframe specified in my policy.

If you require any additional information, please contact me at [phone number] or [email address].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

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Insurance for Life's Toughest Battles



Looking to elevate the strength of your appeal?

You may designate **Nitram Consulting LLC** as your patient advocate, and we will assist your case using Counterforce Health.

For years, insurers have quietly denied care through confusion, delay, and red tape. Counterforce has built a smarter and faster way to respond. They help you fight back... and win.

Counterforce Health AI is built on a deep dataset of successful insurance appeals. It understands the loopholes insurers rely on and the language that works.



❖ **What types of denials can you help with?**

We help with denials for medical necessity, prior authorization, step therapy, out of network care, delays, and more!

❖ **Does this work for Medicare or Medicare Advantage?**

Yes, our platform supports appeals over both public and private plans, tailored to your insurer's rules.

❖ **Is my data Secure?**

Absolutely. Your data and security are our top priority. We are HIPPA-Compliant, which means we follow strict healthcare privacy regulations. All data is encrypted in transit and at rest. We never share or sell your information. Only authorized systems can access your data, and all access is logged and monitored.

❖ **How much is the cost?**

Counterforce is and will always be free for Individual Users. We believe everyone deserves access to necessary care. We are funded by grants through the NIH and University of Pennsylvania and made in collaboration with Duke University researchers.



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Step 1: For Self-Service Use of the Counterforce Health platform

- Go to the [Counterforce Health website](#).
- Upload a PDF or photo of your denial letter to the platform.
- Provide key details about your health, such as your diagnosis, the prescribed medication, and any other relevant conditions.

Step 2: Generate and review your appeal letter

- The AI will automatically analyze your documents and health information to generate a personalized appeal letter.
- The letter will be a complete, tailored document that addresses the specific reason for denial.
- Review the letter generated for accuracy, ensuring it includes all necessary information like your personal details, claim number, and a clear request for approval.

Step 3: Submit the appeal

- Follow the specific instructions in your denial letter for submission, including the correct address and any required forms.
- Send all materials via certified mail with a return receipt requested to get proof of delivery.
- If submitting electronically, request confirmation of receipt.
- Keep copies of everything you submit for your own records.
- Submit your appeal before the deadline, which is often between 30 and 180 days from the denial date.

Step 4: Follow up on your appeal

- Mark your calendar to follow up if you don't hear back within the timeframe specified by your insurance policy (typically 30-60 days).
- Call the insurance company weekly to check on the status.
- Keep a record of all communications, including the date, time, representative's name, and what was discussed.
- Persistence is crucial, as successful appeals often require multiple attempts.