

SAMPLE – PROMPT PAYMENT LAW DEFAULT LETTER

[Date]

Attention: Director of Claims [Insurance Policy Carrier]

[Address]

Re: Patient: Patient Name

Policy:

Insurance Policy Number :

Insured: [Primary Insured]

Date(s) of Service:

Amount at Issue: [total charge]

Director of Claims:

I am writing to request payment on the above referenced claim, complete with any interest incurred, as mandated by [insert _____ state law and citation] Prompt Payment law. This [These] claim(s) was submitted for payment on [date]. Following this letter is the applicable proof claim receipt [fax, electronic submitted, etc.]

Under [_____ State] law, health plans must pay clean claims within [number] days of receipt of the medical claim, must provide written notice of the information needed to process the claim or must deny the claim in writing. Claims paid after the prompt payment timelines are subject to [number] percent interest, payable to the provider submitting the claim. [Or otherwise explain applicable state law.]

This sample Prompt Payment Default Letter does not guarantee payment, is not intended to serve as legal advice and is not intended to create an attorney-client relationship.

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To date, we have not received either payment or a written explanation regarding the above referenced claim. Please contact me as soon as possible concerning the claim. If we do not hear from a representative within 5 business days of receiving this letter, we will advise the [_____ of _____State] of [name of the insurance company's] failure to meet its obligations under the prompt payment law.

Thank you for your prompt action.

[Name of physician]