

(Date of Letter)

(Insurance Company Name)
Attn: Medical Pay Department)

(Street Address)

(City, State and Zip Code)

RE:

(Name of Insured)

(Claim Number)

(Date of Loss)

(Medical Pay)

Dear Medical Pay Department:

As a result of conferring with the appropriate medical care providers in regard to the above-referenced claim, it has been noted that a disparity has arisen between the care provider's bills and the amount that your company has paid relative to the bills submitted. This disparity has placed the care provider in a quandary as to why the full amount was not paid. After reviewing the appropriate terms of the policy, including any relationship to deductible terminology and amount, the medical care providers point is well taken. In other words, it escapes my understanding as to why the full amount of the medical bill was not paid.

Perhaps the failure to pay the full medical bill (see the enclosed bills as they relate to each care provider) was due to an oversight by someone in your department or was due to the fact that your department did not have the complete medical statements as to each of the appropriate providers. As a result of the undersigned's review of the statements by the care providers, the policy language (including terminology relating to deductibles), and the amounts paid, it is the undersigned's position that your department needs to revisit the matter. The review that the undersigned has completed indicates that \$ _____ has been billed and is due under the policy; however, the review also indicates that \$ _____ is the amount that has been paid. Therefore, \$ _____ is presently due and owing in order to complete payment to the care providers, pursuant to their statements and the policy language.

Once you have had the opportunity to review the foregoing and the enclosures, kindly provide verification of payment of the remaining balance that is now due. In the event your department takes issue with any of the foregoing, kindly advise in writing to the undersigned. Thank you.

Very truly yours,

(Signature)

(Address)

(City, State and Zip Code)

(Phone Number)

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This is not a substitute for legal advice. An attorney must be consulted.