

[Insert logo image
here]

[Fund name
Address
City, State, Zip Code]

September 27, 2022

Mary Smith
123 Sample Street
Baltimore, MD 21227

Participant Number: XXX-XX-2222
Participant Name: Mary Smith
Patient:
Claim Number: C01383

Total Billed Amt: \$350.00
Relationship: Member
Provider Name: PROFESSIONAL BILLING
PROVIDERS

Dear Mary Smith

This letter is to notify you that we have received the above claim for adjudication. However, there is additional information needed to properly adjudicate the claim. The information needed is outlined below. Upon receipt of the information, the claim will be addressed promptly.

➤ Please provide us with details about Where, When, and How the Accident occurred.

• Where:

• When/Date of the Accident:

• Description of the Accident:

➤ Please submit a certified copy of the patient's birth certificate.

➤ Please send documentation regarding your Coordination of Benefits (COB) Coverage.

We appreciate your timely handling of this request. If there are any questions, please contact our Customer Service at ???-??-???? , Monday to Friday from 8:00am to 5pm (eastern time)

Sincerely,
Health Fund

Important Note

We will not send another request for this information.

If we do not get the information within 20 days of getting this letter:

Your claim will be denied.

You will be billed by your provider.