

# Clover is your partner in health.

## PAYMENT DISPUTE OVERTURN LETTER

Sample Provider  
1234 State Street  
Smalltown, ST zip

**Member Name:** John Doe  
**Date of Service:** 08/12/2018  
**Total Billed Amount:** 2560.00  
**Claim #:** 0123456789  
**PDR Received Date:**  
**PDR Case #:** 12351243

November 28, 2018

Dear Office Manager:

Clover Health received a payment dispute regarding the claim referenced above. Upon careful review of this request, we have determined that the initial claim payment decision is being partially overturned and payment will be made. Payment and any applicable interest due in the amount of \$1845.00 is made for the following services:

<Enter the line item(s) or a description of the service that must be given and/or the reason for the payment>

If you require further information regarding this resolution of this dispute please contact our Provider Services at (877) 853-8019, Monday thru Friday from 9 am to 5 pm EST. Please use the PDR Case ID Number listed above to reference the claim.

Thank you,

Clover Health

Clover Health is a Preferred Provider Organization (PPO) plan and a Health Maintenance Organization (HMO) plan with a Medicare contract. Enrollment in Clover Health depends on contract renewal.

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