

# Clover is your partner in health.

## POST-SERVICE PAYMENT DISPUTE ACKNOWLEDGMENT LETTER

Sample Provider  
1234 State Street  
Smalltown, ST zip

**Member Name:** John Doe  
**Member ID:** 43523r32235  
**Date of Service:** 08/12/2018  
**Claim #:** 0123456789  
**PDR Received Date:**  
**PDR Case #:** 12351243

November 28, 2018

Dear Office Manager:

Thank you for contacting Clover Health. This letter is to inform you that we received your payment dispute regarding the service referenced above. The case will be reviewed and a resolution will be sent.

If you have not received a response or resolution within 60 calendar days from the date of receipt, please contact please contact Provider Services at (877) 853-8019, Monday thru Friday from 8 am to 5:30 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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