

# Clover is your partner in health.

Sample Provider  
1234 State Street  
Smalltown, ST 000000

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

November 29, 2018

Dear Provider:

This correspondence is in response to your request for review of the services listed above. Our records show your request was not submitted within the accepted time frame of 100 days from the original claim processed date.

Our department will need to determine the presence of good cause for the delay in the submission of your request. Please provide documentation with an explanation to support the cause of untimeliness via mail or fax at:

Clover Health  
P.O. Box 471  
Jersey City, NJ 07303  
Fax: (888) 240-7243

We must receive the documentation within 10 days from the date the initial letter was sent from Clover Health, 2018-7-12. If we don't receive it in that time, your case may be dismissed. If you have questions or additional information, please contact Provider Services at (877) 853-8019. We are open 8 am - 5:30 pm EST, Monday - Friday.

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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