

[Your Insurance Company Letterhead]  
[Your Insurance Company Name]  
[Your Insurance Company Address]  
[City, State, Zip Code]  
[Phone Number]  
[Email Address]  
[Date: 1/25/2024]

John Smith  
[Patient's Address]  
[City, State, Zip Code]

**\*\*Re: Claim Denial Notification\*\***  
**\*\*Claim Number:\*\* CLM-2024-001234**  
**\*\*Patient:\*\* John Smith**  
**\*\*Date of Birth:\*\* 3/15/1985**  
**\*\*Member ID:\*\* MEM123456789**  
**\*\*Provider:\*\* Dr. Sarah Johnson**  
**\*\*NPI:\*\* 1234567890**  
**\*\*Service Date:\*\* 1/15/2024**  
**\*\*Service Codes:\*\* 99213, 85025**  
**\*\*Claim Amount:\*\* \$245.00**

Dear Mr. Smith,

Thank you for choosing [Your Insurance Company Name] for your healthcare coverage. We appreciate your trust in us and are committed to providing you with the highest quality service.

This letter serves to inform you about the status of your recent claim submission for services rendered on January 15, 2024, by Dr. Sarah Johnson. After a thorough review, we regret to inform you that your claim has been denied due to a **\*\*duplicate submission\*\***.

The claim you submitted (Claim Number: CLM-2024-001234) has been identified as a duplicate of Claim Number CLM-2024-001100, which was processed on January 20, 2024, and for which a payment of \$196.00 was issued. As such, we are unable to process this claim further as it has already been addressed in our system.

If you believe that this denial is incorrect or if you have additional information that may support your case, you have the right to appeal this decision. Please note that the deadline for submitting an appeal is **\*\*March 25, 2024\*\***. To initiate the appeal process, you may follow these steps:

1. **\*\*Write a formal appeal letter\*\***: Include your claim number, details of the service, and any relevant information that supports your case.
2. **\*\*Submit your appeal\*\***: You can submit your appeal through our online portal or send it via mail to the address listed at the top of this letter.

3. **\*\*Include supporting documentation\*\***: If applicable, attach any documents that can help clarify the situation, including notes from your healthcare provider.

We understand that navigating health insurance can be complex, and we are here to help. If you have any questions regarding this denial or the appeals process, please do not hesitate to contact our Customer Service team at [Phone Number] or via email at [Email Address]. Our representatives are available to assist you during business hours.

Thank you for your understanding, and we appreciate your prompt attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Insurance Company Name]

[Contact Information]