

ADDRESS OF SENDER:

PHONE NUMBER OF SENDER: _____

EMAIL ADDRESS OF SENDER: _____

Date of Request: _____

US Mail Certified # _____

HEALTH PLAN NAME:

ATTN: Appeals Department

HEALTH PLAN ADDRESS:

RE: Request for Claim File of plan member _____ (Health plan ID #
_____)

**NOTE: DO NOT TREAT THIS REQUEST FOR A CLAIMS FILE AS A
REQUEST FOR AN INTERNAL APPEAL OR FOR AN EXTERNAL
REVIEW APPEAL**

Dear Appeals Department:

I received a letter in which I was notified of coverage denials for services received. The notice is enclosed. The denial(s) are further identified as follows:

Date(s) of Service: _____

Claim Amount(s): _____

Claim Number(s): _____

Denial Notice Date(s): _____

I am writing to request the claim file for the above referenced denial(s), as well as any other denials related to treatment or services for my care provided during the following date range: _____.

This claim file request would include copies of all documents, records or other information *relevant to* the denial(s), including, but not limited to, anything considered, generated or relied upon with respect to the denial(s) during the relevant time period through the present.

This claim file would include all phone call recordings and the written phone call summary logs in the company's possession related to communications about these claims and/or denials.

Specifically, this claim file request would also include all audio recordings, transcripts, call logs or other information, records or documents related to any and all phone calls made:

- By me to the customer service department or any other staff person or representative in any department during the time period of the denial(s) through present;
- By any health care provider or providers' staff to any health plan staff regarding care I received during the time period of the denial(s) through present;
- By any health plan staff person to any other health plan staff person regarding care I received during the time period of the denial(s) through present.

In addition to any audio records, this claim file request would also include any written email communications, internal messages, formal or informal approval or denial letters, authorization requests and denials, written reports or memoranda related to these denials that were received from or sent by staff at the health plan to:

- Any staff person at the health care provider's office during the time period of the denial(s) through present;
- Any other health plan staff member in relation to their consideration or evaluation of the above referenced denials during the time period of the denial(s) through present.

I appreciate your assistance with this request. If you require additional time to gather this information, or have any other questions, please contact me by email or phone.

Thanks for your cooperation.