

May 20, 2026

Claims Appeals Department  
[Insurance Company Name]  
[Payer Address Line 1]  
[City, State ZIP]

RE: Formal Appeal — Claim ID CLM-1003  
Patient: Emily Davis  
Date of Service: 2025-04-01  
Procedure Code: 93000  
Billed Amount: \$320.00  
Denial Reason: Duplicate claim  
Appeal Reference: CLM-1003-20260520

To Whom It May Concern:

We are writing on behalf of Feezza Inc. and our client facility to formally appeal the denial of the above-referenced claim. This appeal is submitted in accordance with your plan's internal appeals process and applicable federal and state regulations governing claims disputes.

This claim is not a duplicate. A review of our billing records confirms that the current claim represents a distinct and separate encounter on 2025-04-01 for procedure code 93000. Each claim corresponds to a unique date of service, a unique clinical interaction, and a unique set of services rendered. We request that your claims processing team conduct a line-by-line review to confirm they are not identical. If a processing error occurred, we ask that this claim be reprocessed and paid in full as a separate billable encounter.

We respectfully request that this claim be reconsidered and reprocessed for payment in full within the timeframe required by applicable prompt pay regulations. Please confirm receipt of this appeal in writing and advise if any additional documentation is required to complete your review.

Sincerely,

Hospital Billing & Revenue Cycle Team  
Feezza Inc. | Wintora  
wintora.ai · legal@feezza.com  
Appeal Reference: CLM-1003-20260520

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