

May 20, 2026

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

RE: Formal Appeal — Claim ID CLM-1004
Patient: Michael Brown
Date of Service: 2025-03-05
Procedure Code: 45378
Billed Amount: \$2,890.75
Denial Reason: Incorrect procedure code
Appeal Reference: CLM-1004-20260520

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.

The procedure code 45378 submitted on this claim accurately reflects the service rendered on 2025-03-05 in accordance with current CPT coding guidelines published by the American Medical Association. Our coding team has conducted an internal audit and confirmed that the code selection is supported by the documentation in the patient's medical record, including the operative note, physician orders, and nursing documentation. We submit this appeal on the grounds that the original code was correct and the claim should be paid as billed.

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-1004-20260520

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