

May 20, 2026

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

RE: Formal Appeal — Claim ID CLM-1006
Patient: James Lee
Date of Service: 2025-03-20
Procedure Code: 70450
Billed Amount: \$980.25
Denial Reason: Missing documentation
Appeal Reference: CLM-1006-20260520

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.

We are resubmitting this claim with complete supporting documentation attached, including the physician order, progress notes, operative report, and all relevant clinical records from 2025-03-20. The original submission may have been incomplete due to a technical transmission issue. The attached records clearly support the medical necessity, the procedure performed under code 70450, and the level of service billed. We ask that your team conduct a full clinical review and reprocess this claim for payment.

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-1006-20260520

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