

To: _____ Insurance Carrier Name

_____ Address

Re: _____ Child's Name

_____ Identification Number

_____ Subscriber's Name

_____ Date of Service

Please accept this letter as a formal request for appeal on a claim for my newborn child. My baby was born at _____ Hospital on _____ and received medical services immediately upon birth while still in the delivery room. MidAtlantic Neonatology Associates, P.A. (MANA) is a group of Neonatal physicians and Nurse practitioners that provided said services to my child. They do not participate in your provider network.

My child was born in a participating hospital. You did not provide me with an in-network option for this service. I am now being balance billed by MANA for the amount exceeding what you consider to be reasonable and customary. I am being penalized for going out of network because you did not provide me with an in-network option from which to choose.

Please review my claim for additional payment. I have attached a copy of the most recent statement that I received from MANA. Please do not hesitate to contact me at _____ if you require additional information. Thank you for your prompt attention.

Sincerely,

_____ Subscriber's Signature

_____ Date

_____ Address
