

Date:

Claims Administrator
Address

RE: Patient Name
Claim #:
DOI:
Employer:
Date of Service:

OBJECTION LETTER

We received your explanation of review dated 1/1/18 indicating you have denied our Qualified Medical Examination bill for the above-noted applicant for the following reason: Physician not in the MPN.

Please be advised we object to this denial as it does not apply to medical-legal services and is therefore not a valid denial of our bill. We do expect payment in full of the entire medical-legal bill including 10% penalty and 7% interest per annum when not paid timely.

Sincerely,

Dr. Qualified Medical Examiner

Cc:

Def atty
App atty
Patient

Proof of Service

The undersigned declares and certifies that at the time of this service, I was over the age of 18 years. My business address is 3333 Doctor Lane, Business City, California 99999. On this date I served the following documents:

Objection letter dated \
Explanation of review dated \
Request for second review dated \
Modified bill dated \
Qualified Medical Examination report dated \
Interpreter certification
Letter from claims administrator dated \
Original bill dated \
Proof of service dated \

By making a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid with the US Postal service addressed as follows:

Claims administrator
Address

Def atty
Address

App atty
Address

Patient
Address

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. This declaration is executed in the county of Orange, California on 1/6/18.

Signature