

SAMRA PLASTIC & RECONSTRUCTIVE SURGERY

733 N. Beers St., Suite U1

Holmdel, NJ 07733

W (855) 777-1056 ext 211 F (201) 616-7929

REQUEST FOR WORKERS COMPENSATION APPEAL

DATE

**The Hartford Medical Bill Processing Center
PO Box 14170
Lexington, KY 40512**

Patient: _____
Claim #: _____
Provider Tax ID: _____
Date of service: _____

Dear Appeals Representative,

We hereby appeal any and all denials, reductions, and non-payments of services. All the services requested and/or provided are medically necessary and related to the work injury. All fees billed are our usual, customary and reasonable and are based on the Fair Health. At this reasonable rate all fees should be paid at 100% of billed charges.

We are requesting this claim be reviewed with all attached medical documents. This claim was denied as not being a work-related injury (OR WHICHEVER DENIAL IS LISTED.) If the note was properly reviewed it can be seen that the patient was injured while at work. Please review all attached medical notes and reprocesses this claim accordingly. Also note Dr. Salem Samra is a non-par provider and should be paid at full usual and customary charges. (IF THIS IS CONTRACTED, LEAVE THIS OUT)

If this appeal requires additional documentation, kindly advise the undersigned via letter or facsimile.

Should you have any questions, feel free to contact me. I appreciate your prompt attention to this matter.

Sincerely,



Mayra Lewis
Billing Dept. Representative on behalf of Dr. Salem Samra