



Fax Number: 623.374.4592
Email: info@favoredmedicalbilling.com
Kashuna @ 623.322.0730

Date:

Patient Name:

DOB:

Patient ID Number:

Auth/Reference Number:

Attn Claims Department

To Whom it May Concern,

I am writing to request that our claims are processed at the in-network based on inadequate contracted provider options.

Provider Name:

Provider NPI:

Date of Service:

Billed Amount:

Currently, there are NO other nearby contracted providers that can provide care as an certified midwives NOR are there any contracted freestanding birth centers in my network or even within a 50 mile traveling distance.

The claim denied stating: Please select one

The provider I selected was NOT a network provider, which is correct but my current plan does NOT provider NOR offer a contracted provided to render the requested services

The authorization provided did not include all the codes billed. As you are aware auth is required prior to the actual date of care which means the provider at the best of their ability gives the best estimate of how the care and procedure will go, this does not always happen as planned. I ask that you please honor the current auth approved and ADD the following codes:

The authorization termed PRIOR to the date of care. As you are aware auth is required prior to the actual date of care which means the provider at the best of their ability gives the best estimate of how the care and procedure will go, this does not always happen as planned. I ask that you please honor



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the current auth approved and EXTEND the current authorized codes to cover my entire care through the date _____.

__ Other:

By denying your customers access to the birth environment she and her provider feels is the best care that can be provided, you are choosing what is best for your bottom line recovery incurring three to four times the cost of a birth center birth in favor of hospital births with many unnecessary interventions and NOT the care, safety, or recovery of the mother and child

Share Personal Story Here:

I sincerely ask that you consider this information and approve the processing of my current claims at the IN Network level.

Thank you for your consideration.

Patient Name
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Send to Claims Address on back of card



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Dekker, R. January 13, 2013. New Evidence Confirms Birth Centers Provide Top-Notch Care. *American Association of Birth Centers*. Retrieved August 14, 2013 from <http://www.birthcenters.org/research>.

Johnson, A. July 22, 2012. Giving Birth For Less. *The Wall Street Journal*. Retrieved August 14, 2013 from <http://online.wsj.com/article/SB10001424052702303740704577524802687166924.html>.

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