

[Your Name]
[Your Address]
[City, State, ZIP Code]
[Email Address]
[Phone Number]
[Date]

[Recipient Name]
[Title/Department]
[Company/Organization Name]
[Address]
[City, State, ZIP Code]

Subject: Appeal for JZ Modifier Denial

Dear [Recipient Name],

I hope this letter finds you well. I am writing to formally appeal the denial of the claim regarding [specific claim number or patient details], dated [date of the claim], for the use of the JZ modifier.

[Briefly explain the reason for the initial claim submission, including relevant details about the service provided and why the JZ modifier was applied.]

Upon review, I believe that the denial was made based on [specific reason for denial, if known]. However, I would like to provide additional information that supports the appropriateness of the JZ modifier in this context.

[Include any supporting documentation or evidence, such as medical records, policy guidelines, or coding references, that justifies the use of the JZ modifier.]

I kindly request that you reconsider the denial based on this information. I am available to discuss this matter further if needed. Thank you for your attention to this appeal. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]
[Your Title/Position, if applicable]
[Your Organization Name, if applicable]