

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Recipient Name]  
[Recipient Title]  
[Insurance Company/Provider Name]  
[Company Address]  
[City, State, Zip Code]  
Subject: Appeal for JZ Modifier Denial - Claim Number [Claim Number]  
Dear [Recipient Name],  
I am writing to formally appeal the denial of claim number [Claim Number], which was submitted on [Submission Date] and processed on [Processing Date]. The denial was based on the application of the JZ modifier.  
I believe that the inclusion of the JZ modifier was justified due to [brief explanation of the circumstances that necessitate the use of the JZ modifier]. According to [relevant policy or guideline], the JZ modifier applies in scenarios where [specific details regarding its correct application].  
Attached are supporting documents, including [list any documents or evidence you are providing, such as medical records, provider notes, or billing statements], to substantiate my case for the appropriate use of the JZ modifier.  
I kindly request a review of the claim and reconsideration of the denial. Please find the information and documentation enclosed for your reference. Should you need any further information, I am available at [Your Phone Number] or [Your Email Address].  
Thank you for your attention to this matter. I look forward to your prompt response.  
Sincerely,  
[Your Name]  
[Your Title or Relationship to Patient, if applicable]