

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

[Insurance Company Name]
[Claims Department Address]
[City, State, Zip Code]

Subject: Appeal for JZ Modifier Denial - Claim Number [Insert Claim Number]

Dear [Claims Review Department/Specific Contact Name],

I am writing to formally appeal the denial of coverage for claim number [Insert Claim Number] which was submitted on [Insert Date]. The claim was denied due to the absence of the JZ modifier, with the explanation that the service rendered on [Insert Date of Service] was not appropriately documented.

After reviewing the documentation and the circumstances surrounding this claim, I believe the JZ modifier is applicable and justifiable for the services provided. [Briefly describe the service and the rationale for using the JZ modifier, including any relevant details that support your position.]

Enclosed with this letter are the relevant documents, including [List any supporting documents such as medical records, provider notes, etc.], which support my appeal and demonstrate the necessity of the modifier in this case.

I kindly request that you review this documentation and reconsider the denial of my claim. Thank you for your attention to this matter, and I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Title or Relationship to Patient, if applicable]

[Enclosures: List of documents attached]