Empire MHSA Service Center

PO Box 5190

Kingston, NY 12402-5190

February 7, 2011

Dear Claims Adjuster,

Over the course of this year, I have been submitting claims to your service and have been reimbursed as per The Empire Plan’s terms. In tandem, my Service Provider (Dr. Sample Name) has also been submitting Outpatient Treatment Reports at the beginning of every month. While this has worked without incident for most of the year, there appears to have been a problem in August, September, and November. Although she had sent in her reports, when I submitted my claims, I was informed by one of your agents that you had not received them. Due to this unfortunate situation, I have been denied my reimbursement. Please find attached, copies of the Outpatient Treatment Reports for the months of August, September, and November as proof of ongoing treatment. With the records complete, I request that you release the reimbursements for the dates listed below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 08/17/15 | 150.00 | 09/06/15 | 150.00 | 11/02/15 | 150.00 |
| 08/19/15 | 150.00 | 09/10/15 | 150.00 | 11/05/15 | 150.00 |
| 08/24/15 | 150.00 | 09/14/15 | 150.00 | 11/09/15 | 150.00 |
| 08/25/15 | 150.00 | 09/17/15 | 150.00 | 11/12/15 | 150.00 |
| 08/31/15 | 150.00 | 09/21/15 | 150.00 | 11/15/15 | 150.00 |
|  |  | 09/24/15 | 150.00 | 11/23/15 | 150.00 |
|  |  | 09/28/15 | 150.00 | 11/30/15 | 150.00 |
|  |  |  |  |  |  |
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