

ON YOUR LETTERHEAD

**SECOND/FINAL APPEAL FROM PIP DENIAL,  
REDUCTIONS, AND/OR NON-PAYMENT**

**DATE:**

**TO:** BOTH VENDOR & INSURANCE CARRIER

**RECIPIENTS' FAX NUMBERS:**

**RE:**

**CLAIM #:**

**FROM:**

**TOTAL PAGES, INCLUDING COVER:**

**MESSAGE:** REGARDING THE CAPTIONED MATTER, KINDLY ACCEPT THIS LETTER AS OUR FORMAL REQUEST FOR A SECOND & FINAL INTERNAL APPEAL/SECOND LOOK IN ACCORDANCE WITH THE TERMS OF YOUR PIP POLICY. PLEASE RE-REVIEW ALL RECORDS, REPORTS AND DOCUMENTATION WE HAVE PREVIOUSLY SUPPLIED IN OUR PRIOR NOTICES, PRE-CERTIFICATION REQUESTS, APPEALS, and BILLING ALONG WITH THE ATTACHED ADDITIONAL RECORDS AND DOCUMENTATION SPECIFICALLY INCLUDING ALL DATES OF SERVICE FULLY OR PARTIALLY OUTSTANDING.

We hereby appeal any and all denials, reductions, adjustments and/or non-payments of services. All the services requested and/or provided are medically necessary, reasonable and causally related to the MVA. All fees billed are our usual, customary and reasonable fees subject only to the NJ Fee Schedule. **Attached is a billing statement for all dates of service in dispute.**

The information contained herein is confidential. Further dissemination is prohibited.

Thank you,

*Your Name*