

[Response to No Reply]

[your address and info]

[their address and info]

We have not been paid on our claims. Please see the claims referenced above.

No payment or explanation of any kind has been produced by your company and therefore we are forced to report you to the appropriate authorities for violating the prompt payment laws. Please see the attached documents that will be included in the complaint.

If you wish to avoid this complaint, immediately send payment or explanation **within 72 hours** to the address below:

[Address]

Please be cognizant of the deadline indicated as we are very strict on this type of matter. We look forward to a prompt response. Thank you for your cooperation.

Sincerely,

Billing Director  
[company]

P.s. After the deadline, your member (the patient) will be informed and given a copy of this letter and complaint report. Your company practices may also be made public in our community newsletter, facebook fanpage, blogs, and you may be reported to the National Patient Satisfaction Association and National Providers Coalition as a delinquent insurer.

Cc: Patient  
Cc: Insurance Commissioner  
Cc: National Patient Satisfaction Association