



Little Traverse Bay Bands of Odawa Indians  
**Purchased/Referred Care Program**  
1260 Ajijaak Avenue Petoskey, MI 49770  
Telephone: 231.242.1600 Fax: 231.242.1617

## APPEAL OF CLAIMS DENIAL

Denial #:

Patient: \_\_\_\_\_

Provider: \_\_\_\_\_

Chart #: \_\_\_\_\_

Account #: \_\_\_\_\_

Address: \_\_\_\_\_

DOS: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Amount Denied: \_\_\_\_\_

Dear Purchased/Referred Care Manager,

I have recently received notification from the Little Traverse Bay Bands of Odawa Indians Purchased/Referred Care Program informing me that I have been denied coverage from the date of service listed above. However, I believe the Purchased/Referred Program should reconsider for the following reasons:

In light of the information above, I respectfully request that you reconsider coverage for the date of service. If you have any questions or need further information, please contact me at:

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Thank you for your consideration in this matter.

Sincerely,