

Claim Denial Letter - Example

Below is an example of a Notification of Denied Claim.

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|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|---------------------------------------------------------------|-------|
| Sentinel Benefits & Financial Group 100 Quannapowitt Parkway Suite 300 Wakefield, MA 01880 | Employer: Employer Code: Participant Account ID: Date: | Your Company U.S.A. Corp. 23481 00010000000 2/7/2019 | Email |
|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|---------------------------------------------------------------|-------|

NOTIFICATION OF DENIED CLAIM(S) FOR:

Joe Participant
330 Main St
Anytown, CT 00011

Joe Participant:

| | |
|---------------------|-----------------------------|
| Submission Date: | 2/1/2019 |
| Date of Service: | 12/14/2018 |
| Denial Date: | 2/6/2019 |
| Provider/Merchant: | Medical Center LLC KIMBERLY |
| Recipient: | Participant |
| Denied Amount: | \$50.00 |
| Total Claim Amount: | \$50.00 |

| Claim Number | Plan Name | Total Paid | Total Pending | Total Denied |
|---------------------|------------------|------------|---------------|--------------|
| 23481190201P0000202 | Medical FSA 2019 | \$0.00 | \$0.00 | \$50.00 |

The service date(s) must occur after the plan year start date 1/1/2019. ← **Additional Claim Denial notes.**

DENIAL EXPLANATION ← **Denial Reason**
Only expenses incurred while you are an active participant in the plan are eligible for reimbursement.

ACTION REQUIRED ← **Next Steps Required**
Repayment is necessary

Please view the denial notice in your Message Center for any additional details.

Our website has helpful information on Flexible Spending Accounts. Please visit us at www.sentinelgroup.com and click on "Flexible Spending Accounts (FSAs)" under "For You." Our website has been designed to help answer frequently asked questions. You will also find a list of eligible Health, Dependent Care and Over-the-Counter expenses, and forms. Please refer to your SPD for claims appeal information.

 CONTACT INFORMATION

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| Sentinel Benefits & Financial Group Sentinel Benefits Service Center 100 Quannapowitt Parkway Suite 300 Wakefield, MA 01880 | Phone Number: 888-762-6088 Fax Number: 781-213-7301 |
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**Action Required:

If there are additional steps needed to approve or resolve your claim the instructions will be located under the ACTION REQUIRED section.

Please see help topics on [Claim Repayment](#) and [Uploading Additional Documentation](#) for additional information.