RE: Claim or Complaint # If multiple claims, enter complaint #

 Member Name:  If multiple, type "multiple", if no member involvment, enter "Provider's Name"

 Member ID:  If multiple, type "multiple", if no member involvment enter " Provider's Medicaid ID"

This letter is in response to your complaint, received on enter date complaint received, associated with enter nature of complaint, including any CPT codes, etc as appropriate provided on enter date of service or range of dates, under enter claim # or case # for the member indicated above.

 or

This letter is in response to your complaint, received on enter date complaint received, associated with enter nature of complaint.

The issues noted in your complaint were:
• enter issues noted in complaint.
• if only one issue, delete this bullet.

Upon receipt, your complaint was enter actions taken on complaint (example: assigned to a specialist in our complaint department or forwarded to our claims processing department for further reivew..) We expect to have a decision on your complaint by enter date; however, if we have not reached a determination within the next 30 days, we will provide you with an update on the status of your complaint.

or

Your complaint is currently under review by enter department, specialist, analyst, unit, etc. to determine....(provide specifics regarding what is being considered, researched, reviewed etc.. We expect to have a decision on your complaint by enter date; however, if we have not reached a determination within the next 30 days, we will provide you with an update on the status of your complaint.

Should you require additional information regarding your complaint, please contact enter unit, department or contact name at enter phone number and extension. Please reference claim # or complaint # when calling regarding this matter.