

Claim Denial Letter - Example

Below is an example of a Notification of Denied Claim.

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
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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

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.