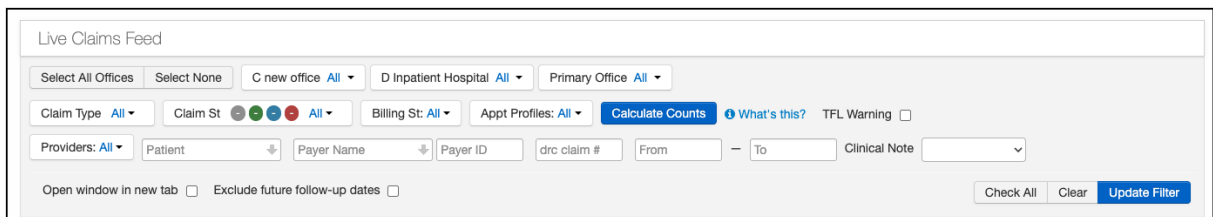


Timely Filing Letter

Last modified on 03/28/2025 3:12 pm EDT

For customers utilizing ePS (eProvider Solutions) Clearinghouse, a new Timely Filing Letter with claim-specific information is at your fingertips, should you need to file an appeal for a Timely Filing Denial.

1. Navigate to **Billing > Live Claims Feed**
2. Select the patient's appointment using their name, drc claim#, or date of service. Press **Update Filter** after your parameters are entered.



The screenshot shows the 'Live Claims Feed' interface. At the top, there are several filter buttons: 'Select All Offices', 'Select None', 'C new office All', 'D Inpatient Hospital All', and 'Primary Office All'. Below these are more filters: 'Claim Type All', 'Claim St' (with three colored circles), 'Billing St: All', 'Appt Profiles: All', 'Calculate Counts', 'What's this?', and 'TFL Warning'. There are also input fields for 'Providers: All', 'Patient', 'Payer Name', 'Payer ID', 'drc claim #', 'From', 'To', and 'Clinical Note'. At the bottom, there are checkboxes for 'Open window in new tab' and 'Exclude future follow-up dates', and buttons for 'Check All', 'Clear', and 'Update Filter'.

3. The Timely Filing Letter option can be found on the top right side of the screen.



Nicole (Demo) Murphy – 03/17/2025 Primary Office [11] – Exam 2	RCM Workable	View Service	+ EOB	SuperBill	Clinical Note	Clone	HCFA/1500	HCFA/1500 (text)	Timely Filing Letter	Print Screen
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A red arrow points to the 'Timely Filing Letter' button in the table row.

4. Here is a sample of how the letter will look:

TEST EPS
TEST
CHARLOTTE, NC 704421234

UNITED HEALTHCARE

03/07/2025
UNITED HEALTHCARE,

We would request a review of the timely filing for the following claim filed on behalf of PATIENT, TEST A, date of birth 01/25/1993 and insured under the subscriber PATIENT, TEST A with the insured id of 999999999. Based on the below file submission information, this claim was submitted within your timely filing limits and should be reconsidered for adjudication.

Below are the claim details for which we are requesting this review.

Billing Provider	TEST EPS
Billing NPI	1238431138
Billing Tax Id	123654987
Type of Bill/Place of Service	11
Date of Service	03/08/2017

Principal Dx	Reason for Visit	Other DXs
R87612		R87610

Date	HCPCS/CPT	Modifiers	Description	Units	Amount
03/08/2017	88175			1	90.00

File Transmission Information:

Attachments:

Additional comments:

If there are questions regarding this letter, please contact our billing office at (605).

Thank you,

Billing Department
TEST EPS