

**TO ATTORNEY FOR AGENCY DRB:**

Attorney \_\_\_\_\_

State of Alaska Attorney General

Attorney's Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MY CONTACT INFORMATION:**

My Name: \_\_\_\_\_

My Phone Number: \_\_\_\_\_

My Email Address: \_\_\_\_\_

My Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CASE INFORMATION:**

Appeal Case Number: \_\_\_\_\_

Today's Date: \_\_\_\_\_

- I sent this by:  email to \_\_\_\_\_  
 mail to \_\_\_\_\_  
 hand delivery to the attorney's address  
 fax to \_\_\_\_\_

**SUBJECT: LETTER TO AGENCY ATTORNEY ABOUT ERRORS IN THE AGENCY RECORD**

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Dear agency attorney,

The purpose of this letter is to ask you to fix some problems with the agency record in this case. The specific problems are described below. If our differences about the agency record are not resolved within 10 business days after the date of this letter, I will ask the court to supplement the record or I will ask the court for a partial new review. Any response from you about this letter should be sent to me by regular First Class US Mail, or by email to my email address at the top of this page.

Problems with the agency record are as follows (check all that apply):

- Health Plan. The agency used the wrong health plan in the agency record. Please correct the record with the correct plan.
- Recognized Charge Data. The agency says my health claim was denied at least in part because my provider's charges were above the "recognized charge." In my appeal, I asked for data in the agency's possession or control about actual prevailing charge rates for the same or similar procedure in the geographic area where my procedure was done. The agency did not provide the information, or other requested information, and did not include it in the agency record. The agency says that the information I asked for was not part of, or relevant to, its decision whether to reimburse for my provider's actual charges. I disagree and ask that the data I requested below be included in the agency record.

*[continued on next page]*

