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## **Sample letter to obtain additional information regarding UCR calculation by payer**

[Date]

Dear [health insurer or administrator],

It has come to our attention that you recently contacted one of our patients (your subscriber), informing them that you considered our charge for their recent visit to be above the usual, customary and reasonable charge level you have determined for our geographic area. We respectfully request that you provide us with the database and methodology you use to calculate the UCR levels that you referred to in your letter to our patient within 10 business days.

If you fail to do so, we demand that you immediately cease and desist from what we consider to be an intentional breach of the physician-patient relationship.

Sincerely,

[Physician]

cc: [Patient]

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