

Medical Expense Dispute Letter

Your Name
Your Address
City, State, Zip Code
Email Address
Phone Number

Date: [Insert Date]

Insurance Company Name
Attention: Claims Department
Insurance Company Address
City, State, Zip Code

Subject: Dispute of Medical Expenses - Claim #[Claim Number]

Dear Claims Adjuster,

I am writing to formally dispute the medical expenses billed for my recent treatment dated [Insert Date of Treatment]. The charges in question are from [Provider's Name], and the total amount in dispute is [Insert Amount].

Upon reviewing the Explanation of Benefits, I believe there has been a mistake regarding [a brief description of the issue, e.g., incorrect coding, services that should be covered, etc.]. According to my understanding of my policy and the documentation provided, these services should be covered under my plan.

To support my claim, I have attached copies of [list any documents you are enclosing, such as medical bills, EOBs, correspondence, etc.]. I kindly request that you review my case and provide a detailed explanation for the denial/adjusted amount.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]