

Out-of-Network Charges Dispute

[Your Name] [Your Address] [City, State, Zip Code] [Email Address] [Phone Number] [Date]

[Insurance Company Name] [Insurance Company Address] [City, State, Zip Code]

Dear [Insurance Company Representative's Name],

I am writing to formally dispute the out-of-network charges associated with the medical services I received on [Date of Service] at [Provider's Name], the details of which are outlined in your explanation of benefits dated [EOB Date].

According to the documentation provided, the total billed amount is [Billed Amount], while your insurance plan states that I am only responsible for [Your Copayment/Coinsurance Amount]. I believe these charges should be reconsidered due to the following reasons:

- [Reason 1]
- [Reason 2]
- [Reason 3]

Enclosed are copies of my medical records, the EOB from your company, and any pertinent correspondence that supports my claim. I respectfully request a review of this case and an adjustment of the charges accordingly.

Please let me know if you require any additional information. I appreciate your prompt attention to this matter and look forward to your reply.

Thank you.

Sincerely,

[Your Name]