

Medical Billing Dispute Letter

Your Name

Your Address

City, State, Zip Code

Email Address

Phone Number

Date: [Insert Date]

Billing Department

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Dispute of Medical Billing for Authorized Services

Dear Sir/Madam,

I am writing to formally dispute a recent medical bill I received for services that were authorized by my healthcare provider. The details of the billing statement are as follows:

- **Patient Name:** [Insert Patient Name]
- **Policy Number:** [Insert Policy Number]
- **Date of Service:** [Insert Date of Service]
- **Provider Name:** [Insert Provider Name]
- **Billing Statement Number:** [Insert Statement Number]

The services rendered were pre-approved by my healthcare provider, yet I noticed that they are being classified as non-covered services on the bill I received. My policy clearly states that these authorized services should be covered under my plan.

I have included copies of the authorization letter as well as relevant medical records to support my claim. I kindly request a review of this matter and an adjustment of the billing charges accordingly.

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

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]