

Medical Billing Dispute Letter

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Billing Department Name]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

RE: Dispute of Medical Billing Claim #[Claim Number]

Dear [Billing Department Name],

I am writing to formally dispute the billing for services rendered on [Date of Service] related to my claim #[Claim Number]. After reviewing the statement, I believe there are coding errors that require correction.

Specifically, I noticed the following issues:

- [Describe the first coding error]
- [Describe the second coding error if applicable]
- [Any additional errors]

According to my understanding of the services provided and the appropriate coding guidelines, these errors may have resulted in improper billing and a higher charge than expected.

To facilitate the review of my dispute, I have attached copies of relevant documents, including my explanation of benefits, medical records, and previous correspondence regarding this matter.

I appreciate your prompt attention to this dispute and look forward to your response. Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you require any further information.

Thank you for your assistance.

Sincerely,

[Your Name]