

Medical Billing Dispute Letter

Date: [Insert Date]

To: [Insurance Company Name]

Address: [Insurance Company Address]

Dear [Insurance Company Contact Name],

I am writing to formally dispute a billing issue regarding my recent medical treatment. My name is [Your Name], and my policy number is [Your Policy Number]. The treatment in question was provided on [Date of Service] at [Provider's Name] for [Brief Description of Treatment].

According to the bill I received, the amount charged is [Insert Amount], which I believe should be covered under my insurance plan. I have attached the relevant documents, including the original bill and the Explanation of Benefits (EOB) from your company.

I kindly request that you review this claim and provide clarification regarding the coverage provided for this treatment. Please let me know if there are any additional documents or information needed from my side to expedite this review process.

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

Sincerely,

[Your Name]

[Your Address]

[Your Phone Number]

[Your Email]