

Medical Billing Dispute Letter

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

Billing Department

[Medical Provider's Name]

[Provider's Address]

[City, State, ZIP Code]

Subject: Dispute of Medical Bill for Missing Services

Dear Billing Department,

I am writing to formally dispute a charge on my medical bill dated [insert date of bill] with reference number [insert reference number]. It has come to my attention that there are discrepancies regarding the services listed on this bill.

According to my records, I received the following services on [insert service date]:

- [Service 1]
- [Service 2]

However, my bill includes charges for services that I do not recall receiving:

- [Missing Service 1]
- [Missing Service 2]

I request a thorough review of my medical records and an explanation regarding these missing services. Please provide clarification or an updated bill reflecting the accurate services rendered.

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

Sincerely,

[Your Name]