

Medical Billing Dispute Letter

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Dispute of Out-of-Network Charges - Claim #[Claim Number]

Dear [Insurance Company Representative's Name],

I am writing to formally dispute the out-of-network charges associated with claim number [Claim Number] for medical services received on [Date of Service] at [Provider/Hospital Name].

According to my understanding of my policy, services provided should be covered at an in-network benefit level under the circumstances detailed below:

- [Detail your reason - e.g., lack of available in-network providers, emergency situation, etc.]
- [Additional points or relevant information about your case]

I have attached copies of my medical bills, the explanation of benefits (EOB) provided, and any relevant correspondence supporting my claim.

I kindly request a review of this matter and a reevaluation of the charges based on the details provided. I look forward to your prompt response to this dispute.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Policy Number]