

Medical Billing Dispute Letter

Your Name

Your Address

City, State, Zip Code

Email Address

Phone Number

Date

Billing Department

[Healthcare Provider's Name]

[Provider's Address]

City, State, Zip Code

Subject: Dispute of Medical Bill Charges

Dear Billing Department,

I am writing to formally dispute the charges listed on my recent medical bill dated [insert date of bill] for invoice number [insert invoice number]. The total amount billed is [insert amount], which I believe to be inaccurate due to the following reasons:

- [Reason for dispute: e.g., "Service was billed twice"]
- [Additional reason if applicable]

To support my claim, I have attached copies of the relevant documentation including:

- [Attach relevant documents such as EOB, previous bills, etc.]

I kindly request a review of my account and an explanation of the charges. I would appreciate a prompt response to resolve this matter as soon as possible. Please contact me at [your phone number] or [your email address] should you need further information.

Thank you for your attention to this matter.

Sincerely,

[Your Name]