

Medical Billing Dispute Letter

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Recipient's Name]
[Billing Department]
[Medical Provider's Name]
[Provider's Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally dispute a billing discrepancy for my recent medical service. My account number is [Account Number], and the date of service was [Date of Service].

Upon reviewing my statement, I found that the amount billed does not match my understanding of the charges based on my insurance coverage and the services provided. Specifically, I am disputing the following charge(s):

- Service Description: [Service Name] - Billed Amount: [Billed Amount]
- Service Description: [Service Name] - Billed Amount: [Billed Amount]

According to my insurance policy, these services should be covered at [Percentage]% after the deductible. I have attached relevant documentation, including my insurance policy details and previous correspondences regarding this matter.

I kindly request a thorough review of my account and a prompt resolution to this discrepancy. Please contact me at [Your Phone Number] or [Your Email Address] should you require any further information.

Thank you for your attention to this matter.

Sincerely,
[Your Name]