

# Medical Billing Dispute Letter

Date: [Insert Date]

To: [Billing Department Name]

[Healthcare Provider's Name]

[Address]

[City, State, Zip Code]

Subject: Dispute of Unanticipated Medical Charges

Dear [Billing Department/Specific Person's Name],

I am writing to formally dispute a charge that I received for services rendered on [Insert Date of Service] at [Healthcare Facility/Provider's Name]. The invoice number for this charge is [Insert Invoice Number].

Upon reviewing the bill, I noticed an unanticipated charge of [Insert Amount] which I was not informed about prior to receiving treatment. According to the information provided to me before my visit, I was under the impression that my expected costs would be [Insert Expected Amount], which has resulted in significant confusion and concern.

In accordance with my rights as a patient, I request a detailed explanation of the charges listed on my bill, specifically for the unanticipated costs. Additionally, I would like to understand the process for reconsidering these charges based on my insurance plan and the pre-treatment estimates provided.

Please provide your response by [Insert a Specific Date or "within 30 days"] so we can resolve this matter promptly. You can reach me at [Insert Phone Number] or [Insert Email Address].

Thank you for your attention to this matter. I look forward to hearing from you soon.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Patient ID, if applicable]