

Dispute Letter for Unexpected Medical Charges

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Billing Department Name]

[Hospital/Clinic Name]

[Address]

[City, State, Zip Code]

Subject: Dispute of Unexpected Charges - Account #[Account Number]

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

I am writing to formally dispute unexpected charges on my recent medical bill dated [Insert Bill Date]. Upon reviewing the statement, I noticed a charge for [description of charge] that I did not anticipate or authorize.

Details of the Disputed Charge:

- Charge Description: [Insert Description]
- Amount: \$[Insert Amount]
- Date of Service: [Insert Date]

I would like to request a detailed explanation of this charge and any supporting documentation related to it. Additionally, I kindly ask for a review of my account for errors or discrepancies.

Please find attached copies of my previous correspondence, the billing statement, and any other relevant documents for your reference.

I appreciate your prompt attention to this matter and look forward to your response by [Insert a reasonable deadline for response]. If necessary, I am open to discussing this issue further by phone or email.

Thank you for your assistance.

Sincerely,

[Your Name]