

Healthcare Charges Contestation Letter

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Recipient's Title]

[Healthcare Provider's Name]

[Healthcare Provider's Address]

[City, State, Zip Code]

Subject: Contestation of Healthcare Charges

Dear [Recipient's Name],

I am writing to formally contest specific charges on my healthcare bill dated [insert date of bill]. The account number associated with these charges is [insert account number].

Upon reviewing the bill, I noticed discrepancies including [describe the specific charges you contest and your reasons for contesting them]. I believe these charges are incorrect for the following reasons:

- [Reason 1]
- [Reason 2]
- [Reason 3]

Attached are the relevant documents for your review, including [list any supporting documents you are including].

I kindly request a thorough review of these charges and an explanation for their validity. I would appreciate a prompt response, as I wish to resolve this matter as quickly as possible.

Thank you for your attention to this matter.

Sincerely,

[Your Name]