

Provider Services Dispute Letter

Your Name

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

Recipient Name

Provider's Name
Provider's Address
City, State, Zip Code

Dear [Recipient Name],

I am writing to formally dispute the services rendered on [Insert date of service] for patient [Insert patient's name, if applicable]. The details of the dispute are as follows:

- **Description of Service:** [Provide details]
- **Invoice Number:** [Insert invoice number]
- **Disputed Amount:** [Insert amount]
- **Reason for Dispute:** [Explain the reason, e.g., incorrect billing, services not rendered, etc.]

I have attached copies of relevant documentation, including the invoice and any supporting materials. I request a review of this matter and a prompt resolution.

Thank you for your attention to this matter. I look forward to your response.

Sincerely,

[Your Name]
[Your Title, if applicable]