

# Letter of Objection to Unexpected Medical Bill

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Provider's Name]

[Provider's Address]

[City, State, Zip Code]

## **Subject: Objection to Medical Bill - [Invoice Number]**

Dear [Provider's Name],

I am writing to formally contest an unexpected medical bill I received dated [bill date], with invoice number [invoice number]. The total amount due is [amount], which I believe is inaccurate based on my understanding and prior communication regarding my treatment and coverage.

I received treatment on [date of treatment] for [reason for treatment], and my insurance policy covers [specifics of coverage]. However, the bill reflects charges for [specific services] that I was not made aware of, nor do I believe are justifiable under my plan.

Attached are copies of my insurance policy details and any relevant documentation related to my treatment and previous communications. I would appreciate your assistance in reviewing this matter.

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

Sincerely,

[Your Name]