

# Medical Bill Dispute Letter

**Your Name**

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

**Billing Department**

[Medical Provider's Name]  
[Provider's Address]  
City, State, Zip Code

Subject: Dispute of Medical Bill - Account Number: [Insert Account Number]

Dear Billing Department,

I am writing to formally dispute a charge on my medical bill dated [Insert Date of Bill]. The account number is [Insert Account Number]. Upon reviewing the bill, I noticed the following discrepancies:

- [Describe the first billing error]
- [Describe the second billing error]
- [Add any additional errors]

I have attached copies of relevant documents, including the bill in question and any supporting materials that validate my dispute. I kindly request that you investigate this matter and provide a prompt response.

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

Sincerely,  
[Your Name]