

Dispute of Medical Bill

Date: [Insert Date]

To:

[Billing Department Name]

[Facility Name]

[Facility Address]

[City, State, Zip Code]

Dear [Billing Department/Recipient's Name],

I am writing to formally dispute a medical bill received on [insert date] for account number [insert account number]. The total amount billed is [insert amount]. I believe this bill is invalid due to the lack of prior notification regarding the services rendered on [insert date of service].

According to [insert relevant policy or law], patients must be informed about the potential costs and necessity of services prior to receiving them. I was not notified about the procedures that would incur charges, which has resulted in an unexpected financial burden on my part.

I kindly request a detailed itemization of the charges along with copies of any documentation that demonstrates prior notification was made. Until this matter is resolved, I am requesting that you refrain from any collection actions related to this bill.

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

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]