

Dispute of Duplicate Charges

Your Name

Your Address

City, State, ZIP Code

Email Address

Phone Number

Date

Billing Department

Healthcare Provider's Name

Healthcare Provider's Address

City, State, ZIP Code

Subject: Dispute of Duplicate Charges on Invoice #[Invoice Number]

Dear [Billing Department/Provider's Name],

I am writing to formally dispute certain charges listed on my recent medical bill dated [Bill Date] under invoice number [Invoice Number]. After reviewing the bill, I have identified duplicate charges for the same service rendered on [Service Date].

Details of the disputed charges:

- **Service Description:** [Service Description]
- **Charge Date:** [Service Date]
- **Charge Amount:** [Charge Amount]

I kindly request that you review my account and adjust the bill accordingly. Please find attached copies of my bill and any relevant supporting documentation.

I appreciate your prompt attention to this matter and look forward to your response. Should you need any further information, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your assistance.

Sincerely,

[Your Name]