

Medical Bill Dispute Letter

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Billing Department's Name]

[Hospital/Provider's Name]

[Hospital/Provider's Address]

[City, State, Zip Code]

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

Dear [Billing Department's Contact Name],

I am writing to formally dispute the charges on my recent medical bill dated [Insert Bill Date] for services rendered on [Date of Service]. After reviewing the bill, I have identified several discrepancies that I believe warrant your immediate attention.

Specifically, I would like to contest the following charges:

- [Description of the disputed charge 1] - [Amount]
- [Description of the disputed charge 2] - [Amount]
- [Description of the disputed charge 3] - [Amount]

Upon reviewing my insurance policy, I believe these charges exceed what should be covered or are not consistent with the services I received. I have enclosed copies of my insurance policy, the billing statement, and any relevant documents to support my dispute.

I kindly request a detailed explanation of these charges and the necessary corrections to my bill. If an agreement cannot be reached, I would appreciate your guidance on the proper procedure for disputing these charges further.

Thank you for your prompt attention to this matter. Please contact me at your earliest convenience to discuss this issue. I look forward to resolving this matter amicably.

Sincerely,

[Your Name]