

# Medical Bill Dispute Letter

[Your Name]  
[Your Address]  
[City, State, ZIP Code]  
[Email Address]  
[Phone Number]  
[Date]

[Billing Department]  
[Medical Provider's Name]  
[Provider's Address]  
[City, State, ZIP Code]

## **Subject: Dispute of Medical Bill - Request for Detailed Charges**

Dear [Billing Department],

I hope this letter finds you well. I am writing to formally dispute the medical bill I received dated [Bill Date] with reference number [Bill Reference Number]. The total amount billed is [Total Amount], which I believe to be inaccurate.

To better understand the charges presented, I kindly request a detailed breakdown of each charge, including:

- Date of service
- Description of services rendered
- CPT/HCPCS codes
- Insurance adjustments, if applicable
- Patient responsibility amounts

Thank you for your attention to this matter. I look forward to your prompt response and hope we can resolve this issue quickly.

Sincerely,

[Your Name]