

# Letter of Dispute for Medical Bill

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

[Insurance Company Name]  
[Insurance Company Address]  
[City, State, Zip Code]

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

Dear [Insurance Company Contact/Customer Service],

I am writing to formally dispute a medical bill I received from [Provider Name] for services that were not provided. The bill, dated [Bill Date], indicates a charge of [Amount], associated with [Description of Services], which I did not receive.

According to my records and statements, I only received [Brief Description of Actual Services Received]. I have attached relevant documentation, including [List any attached documents, such as copies of bills, medical records, etc.], to support my case.

I kindly request that you review this matter and take immediate action to correct this billing error. Please inform me of your findings and any adjustments made to my account at your earliest convenience.

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

Sincerely,

[Your Signature (if sending a hard copy)]  
[Your Printed Name]