

# Medical Bill Dispute Letter

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[Medical Provider's Name]

[Provider's Address]

[City, State, ZIP Code]

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

Dear [Billing Department/Provider's Name],

I am writing to formally dispute a bill I received dated [date of the bill], with the account number [account number]. The total amount due is [amount]. I would like to bring to your attention some unexpected expenses that I believe warrant review and adjustment.

Upon receiving the bill, I was surprised to see charges for [list specific unexpected expenses or explain circumstances]. I had previously understood that the services included in my coverage would not result in such costs.

I would appreciate it if you could provide a detailed breakdown of the charges in question and a justification for these unexpected expenses. Additionally, I would like to verify whether these charges are covered under my insurance plan.

Please find attached any supporting documents related to this matter, including [list any documents such as previous bills, insurance statements, etc.]. I kindly request a review of my account and a reconsideration of the disputed charges.

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

Sincerely,

[Your Name]