

# Medical Billing Dispute Resolution Letter

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

[Date]

[Billing Department/Insurance Company Name]  
[Company Address]  
[City, State, Zip Code]

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

Dear [Billing Department/Insurance Company Name],

I am writing to formally dispute the medical bill I received for services rendered on [date of service] at [name of medical facility/doctor]. The account/claim number is [Account/Claim Number].

Upon reviewing the charges, I have noticed discrepancies that I would like to address:

- Charge for [specific service/item] - [explanation of dispute]
- Insufficient explanation for [specific charge] - [explanation of dispute]
- [Any additional items you wish to dispute]

I have attached copies of the relevant documents, including the bill, the Explanation of Benefits (EOB), and any supporting evidence for my claims.

I kindly request a thorough review of these charges and an explanation regarding the discrepancies outlined above. I appreciate your prompt attention to this matter and look forward to resolving this dispute amicably.

Thank you for your assistance.

Sincerely,  
[Your Name]