

Appeal for Out-of-Network Billing Discrepancy

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

Dear [Insurance Representative's Name],

I am writing to formally appeal the billing discrepancy related to my recent medical treatment received on [Date of Service] at [Provider's Name], which I understand is classified as out-of-network. My policy number is [Policy Number].

Upon reviewing the explanation of benefits (EOB) provided, I noticed that the charges for [specific services or treatments] were processed differently than I expected based on the information I received prior to the treatment. As per my understanding of my policy, I believe that I am entitled to a greater level of reimbursement for these services.

Attached to this letter are copies of relevant documents, including my explanation of benefits, any correspondence with your company, and the bill from the provider. I kindly request a thorough review of my case and an adjustment of the billing to reflect the appropriate coverage based on the terms outlined in my health insurance policy.

Thank you for your attention to this matter. I look forward to your prompt response and a resolution to my appeal.

Sincerely,

[Your Name]