

Challenge to Inflated Out-of-Network Charges

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative],

I am writing to formally challenge the inflated charges I have received for out-of-network services rendered on [date of service] at [provider's name and facility]. The total amount billed was [total amount], which I believe is unjustified for the services provided.

After reviewing my policy, I understand that the out-of-network benefits should provide coverage up to a reasonable and customary rate. The amount charged exceeds what is typically charged in our region for similar services.

I am requesting a full review of my bill, particularly focusing on the following items:

- [List specific charges or services that seem inflated]
- [Additional charge or concern]

Enclosed are copies of my bill, insurance policy, and relevant documentation supporting my claim. I kindly request that you reassess these charges and provide a detailed rationale for the fees applied, as well as an adjustment based on customary rates.

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

Sincerely,

[Your Name]