

Letter of Dispute

[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 dispute the unexpected out-of-network fees I received for [specific service or treatment] that took place on [date of service]. The account number associated with this claim is [account number].

Upon reviewing my bill, I was surprised to find that the provider was considered out-of-network, as I was under the impression that my treatment would be covered within my network. I attempted to confirm network status prior to receiving treatment, and I believe this discrepancy has resulted in an unreasonable financial burden.

According to my policy, [briefly state your understanding of the coverage]. I have enclosed relevant documents, including my policy details, the notice of charges, and any prior correspondence with your office regarding this matter.

I kindly request a thorough review of my case and a reassessment of the charges incurred. I am hopeful that we can resolve this issue amicably, and I appreciate your prompt attention to this matter.

Thank you for your assistance. I look forward to your response.

Sincerely,

[Your Name]