

Objection to Unauthorized Out-of-Network Service Charges

Your Name
Your Address
City, State, Zip Code
Email Address
Phone Number
Date

Recipient's Name
Insurance Company Name
Insurance Company Address
City, State, Zip Code

Dear [Recipient's Name],

I am writing to formally object to the unexpected out-of-network service charges associated with my recent medical treatment on [Date of Treatment]. My policy number is [Your Policy Number].

Upon reviewing my bill and the services rendered, I noticed that charges from [Provider's Name] were classified as out-of-network, despite my belief that they should have been covered. I had previously verified with your customer service that [Additional Relevant Details].

I kindly request a detailed explanation for the classification of these charges as out-of-network. Additionally, I would appreciate your assistance in revisiting this matter to ensure that I am not held responsible for any unauthorized charges.

Thank you for your prompt attention to this matter. I look forward to a swift resolution.

Sincerely,
[Your Name]