

Appeal Letter for Incorrect Diagnosis Billing Statement

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]

[Billing Department's Name]

[Healthcare Provider's Name]

[Provider's Address]

[City, State, Zip Code]

Dear [Billing Department/Provider's Name],

I hope this message finds you well. I am writing to formally appeal the billing statement received on [insert date of billing statement], which reflects an incorrect diagnosis of [insert incorrect diagnosis].

Upon reviewing my medical records and the services received during my visit on [insert visit date], I believe the appropriate diagnosis should be [insert correct diagnosis]. I have attached relevant documentation, including [insert names of documents, e.g., medical reports, physician notes], to support my claim.

I kindly request that you review my case and correct the billing statement accordingly. Please let me know if you require any additional information or documentation to assist with this matter.

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

Sincerely,

[Your Name]