

Dispute of Erroneous Medical Diagnosis Charges

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Billing Department/Insurance Company Name]

[Address]

[City, State, ZIP Code]

Dear [Recipient's Name],

I am writing to formally dispute the charges related to a medical diagnosis I received on [Date of Service] from [Provider's Name/Facility]. The charge is listed as [Description of Charge] in the billing statement I received on [Date of Bill].

After reviewing my medical records and consulting with my healthcare provider, I believe this charge is erroneous as [explain reason for dispute, e.g., incorrect diagnosis, duplicated charges, etc.]. I have attached relevant documentation to support my case, including [list documents such as medical records, provider notes, previous bills, etc.].

In light of this information, I kindly request a thorough review of my case and a detailed explanation for these charges. I hope we can resolve this matter swiftly and amicably.

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

Sincerely,

[Your Name]