

# Appeal Letter for Inaccurate Diagnostic Billing

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

Subject: Appeal for Inaccurate Diagnostic Billing - [Account/Claim Number]

Dear [Insurance Company Representative's Name],

I am writing to formally appeal the diagnostic billing for my recent medical visit on [Date of Service]. The claim number associated with this billing is [Claim Number]. Upon reviewing the statement, I believe there has been an error in the billing of the diagnostic tests performed.

Details of the services rendered include:

- **Test Name:** [Specify Test]
- **Date Performed:** [Date]
- **Billed Amount:** [Amount]
- **Diagnosis Code:** [Code]

According to my records and the explanation of benefits, the diagnosis code used for billing appears to be inaccurate, which has resulted in an inflated charge. I have attached copies of my medical records and the explanation of benefits for your review.

I kindly request that you review this information and adjust the billing accordingly. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your understanding and assistance.

Sincerely,

**[Your Signature (if sending a hard copy)]**

**[Your Printed Name]**