

Letter of Objection to Faulty Diagnosis-Related Charges

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

[Insurance Company Name]
[Insurance Company Address]
[City, State, Zip Code]

Subject: Objection to Charges Related to Diagnosis - Policy #[Your Policy Number]

Dear [Insurance Company Representative's Name],

I am writing to formally object to the charges related to my recent diagnosis, dated [Date of Service], for [Specific Diagnosis or Procedure]. After reviewing the billing statement, I believe that the diagnosis-related charges have been applied incorrectly.

Upon consultation with my healthcare provider, [Provider's Name], it was determined that the diagnosis should reflect [Correct Diagnosis]. The current charges do not align with the services provided, and I have attached supporting documentation to verify this discrepancy.

I kindly request a thorough review of my case and an adjustment of the billed amount to accurately represent the diagnosis exhibited during my treatment. Please find the attached documents for your reference:

- [Attachment 1: Medical Records]
- [Attachment 2: Billing Statement]

Sincerely,

[Your Name]