

Letter of Contested Hospital Stay Period

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Recipient's Title]

[Hospital/Insurance Company Name]

[Address]

[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Contested Hospital Stay Review

I am writing to formally contest the duration of my recent hospital stay from [start date] to [end date]. My patient ID is [Patient ID], and I was admitted for [brief description of medical issue/treatment].

It has come to my attention that the medical review indicated that my stay exceeded the medically necessary time frame. However, I believe that my condition required the level of care and observation provided during this period.

Please find attached supporting documentation from my healthcare provider, which includes details regarding my condition, treatments administered, and the medical necessity for the extended stay. I request a thorough review of my case and a reconsideration of the decision regarding the length of my hospital stay.

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

Sincerely,

[Your Name]