

Dispute Letter Regarding Length of Stay

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Hospital Name]

[Hospital Address]

[City, State, Zip Code]

Subject: Dispute of Length of Stay

Dear [Hospital Administrator/Relevant Contact],

I am writing to formally dispute the length of stay recorded for [Patient's Name] at [Hospital Name] from [Admission Date] to [Discharge Date]. According to my records, the stay was longer than medically necessary and I believe it to be unjustifiable for legal purposes.

Upon reviewing the medical records and discharge summary, it is clear that the patient's condition was stable by [specific date], yet the discharge did not occur until [actual discharge date]. This extended stay has resulted in unnecessary medical expenses and may have legal implications.

I request a thorough review of this case and a detailed explanation regarding the decision to prolong the hospitalization. Please provide a comprehensive breakdown of the reasons for the extended length of stay, as well as any relevant medical documentation.

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

Sincerely,

[Your Name]

[Your Position, if applicable]

[Your Organization, if applicable]