

Patient Advocacy Dispute Letter

Date: [Insert Date]

To: [Hospital Name]

Address: [Hospital Address]

Attention: Patient Advocacy Department

Dear Patient Advocacy Officer,

I am writing to formally dispute the duration of the hospital stay for my [relation, e.g., mother, father, etc.], [Patient's Full Name], who was admitted to [Hospital Name] on [Admission Date] and discharged on [Discharge Date].

Despite initial assessments and recommendations, I believe the length of stay was insufficient due to [specific reasons, e.g., ongoing medical needs, complications, etc.]. The details of the case are as follows:

- Patient's ID: [Patient ID]
- Admitting Physician: [Physician's Name]
- Diagnosis: [Diagnosis]
- Planned Treatment: [Treatment Plan]

During the stay, it became apparent that [describe any relevant events, observations, or interactions]. Despite voicing my concerns to the hospital staff on [dates], I did not see appropriate adjustments made to the treatment plan or duration of stay.

I would like to request a review of this case and an explanation of why the discharge occurred at that time, as I believe it was not in the best interest of my [relation]. I am hopeful you will look into this matter promptly and provide me with the necessary follow-up information.

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

Sincerely,

[Your Full Name]

[Your Address]

[Your Email Address]

[Your Phone Number]