

# Hospital Discharge Billing Dispute

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

Billing Department

[Hospital Name]

[Hospital Address]

[City, State, ZIP Code]

## **Subject: Dispute of Billing Charges**

Dear Billing Department,

I am writing to formally dispute a billing charge related to my recent hospital stay from [admission date] to [discharge date]. My account number is [account number]. Upon reviewing my bill, I noticed the following discrepancies:

- [Describe specific charge or service in dispute]
- [Another charge or service in dispute]

According to my understanding of the services I received, these charges appear to be incorrect. I have attached copies of relevant documents, including my insurance card, discharge summary, and previous billing statements for reference.

I kindly request that you review my case and provide a detailed explanation of these charges. I appreciate your prompt attention to this matter and look forward to resolving this as soon as possible.

Thank you for your assistance.

Sincerely,

[Your Name]