

# Dispute of Hospital Stay Length

Your Name

Your Address

Your City, State, Zip Code

Your Email

Your Phone Number

Date

Insurance Company Name

Insurance Company Address

Insurance City, State, Zip Code

Dear [Insurance Company Representative],

I am writing to formally dispute the determination regarding the length of my hospital stay from [admission date] to [discharge date] at [hospital name]. The claim number associated with this matter is [claim number].

According to the records provided by [hospital name], my actual length of stay was [X days], which differs from the [specify discrepancy] that has been noted in your correspondence dated [date of correspondence]. This difference has significant implications for my coverage and out-of-pocket expenses.

Enclosed are detailed medical records, discharge summaries, and billing statements that support my claim regarding the duration of my hospital stay. I request a thorough review of this documentation and reconsideration of the terms of my claim.

Thank you for your prompt attention to this matter. I look forward to your timely response so that we can resolve this issue quickly.

Sincerely,

[Your Name]