

# Letter of Disagreement Regarding Hospital Visit Duration

Date: [Insert Date]

To Whom It May Concern,

I am writing to formally express my disagreement with the documented duration of my recent hospital visit on [Insert Date of Visit]. According to your records, my visit was recorded as [Insert Recorded Duration], whereas my recollection suggests that the actual duration was [Insert Actual Duration].

This discrepancy is important for my records, as it may impact future medical care or insurance claims. I kindly request a review of this matter and an update to my patient records to reflect the accurate duration of my visit.

Please feel free to contact me at [Insert Phone Number] or [Insert Email Address] should you require any further information.

Thank you for your attention to this matter.

Sincerely,

[Your Full Name]

[Your Patient ID]

[Your Address]