

# Letter of Disputed Billing Amount

**Your Name**

Your Address  
City, State, ZIP Code  
Email Address  
Phone Number  
Date: [Insert Date]

**Billing Department**

Company Name  
Company Address  
City, State, ZIP Code

Dear Billing Department,

I am writing to formally dispute the billing amount of [insert disputed amount] on my account [insert account number] dated [insert date of bill]. After reviewing my records, I believe that the charge is incorrect because [briefly explain the reason for the dispute].

I have attached supporting documents that substantiate my claim, including [list any documents, e.g., invoices, receipts, prior correspondence].

I kindly ask that you review my dispute and provide a corrected billing statement reflecting the accurate amount due. Please contact me at your earliest convenience to resolve this matter.

Thank you for your prompt attention to this issue.

Sincerely,  
[Your Name]