

# Dispute Regarding Underpaid Benefits

Date: [Insert Date]

[Your Name]

[Your Address] [City, State, Zip Code]

[Your Email] [Your Phone Number]

[Insurance Company Name]

[Insurance Company Address] [City, State, Zip Code]

Dear [Insurance Adjuster's Name],

I hope this letter finds you well. I am writing to formally dispute the underpayment of benefits regarding my claim [Claim Number]. After reviewing the details of my policy and the recent payment made, I believe the amount issued does not accurately reflect the coverage outlined.

According to my records, the following discrepancies exist:

- Policy Number: [Insert Policy Number]
- Date of Service: [Insert Date of Service]
- Amount Billed: [Insert Billed Amount]
- Amount Paid: [Insert Paid Amount]

I have attached all relevant documentation, including the original bill, the explanation of benefits, and my policy details for your review.

I kindly ask you to reassess my claim and provide a detailed explanation regarding the determination of the benefit payment. I appreciate your prompt attention to this matter and look forward to your response.

Thank you for your cooperation.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]