

Medical Billing Dispute Letter

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

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

Dear [Insurance Company Representative's Name],

I am writing to formally dispute a billing issue concerning my medical insurance claim, [Claim Number], for services rendered on [Date of Service]. I was surprised to find that the claim was denied for the following reasons: [List reasons for denial].

According to my understanding of my policy, [Briefly explain your understanding of coverage and policy terms that support your case]. I believe that these services should be covered as per the terms of my insurance plan.

Enclosed are copies of all relevant documentation, including my policy statement, the original bill from the healthcare provider, and any correspondence regarding the claim. I kindly request that you review this matter and reconsider your decision regarding my claim.

Thank you for your prompt attention to this issue. I look forward to your response.

Sincerely,

[Your Name]

Enclosures: [List any enclosed documents]