

# Contested Medical Bill Explanation

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[Billing Department Name]

[Medical Facility Name]

[Facility Address]

[City, State, ZIP Code]

## **Subject: Dispute of Medical Bill - Account #[Account Number]**

Dear [Billing Department Name],

I hope this message finds you well. I am writing to formally contest a medical bill I received dated [Bill Date] associated with my account number [Account Number]. The total amount billed is [Total Amount], and I believe there are discrepancies that require clarification.

After reviewing the bill and my medical records, I have identified the following issues:

- [Issue 1: Description and explanation]
- [Issue 2: Description and explanation]
- [Issue 3: Description and explanation]

I kindly request a review of these charges and an itemized statement to clarify these discrepancies. In addition, I would appreciate any documentation that supports the charges incurred during my visit on [Date of Visit].

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

Sincerely,

[Your Name]