

Objection to Incorrect Medical Expenses

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Recipient's Title]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Objection to Incorrect Medical Expense Charges

Dear [Recipient's Name],

I am writing to formally object to the medical expenses charged in relation to my recent claim ([Claim Number]). Upon reviewing the statement dated [Date of Statement], I have identified several discrepancies that require clarification.

Specifically, the following charges appear to be incorrect:

- [Service/Charge 1]: [Explanation]
- [Service/Charge 2]: [Explanation]
- [Service/Charge 3]: [Explanation]

According to my understanding of my policy ([Policy Number]), these charges should not have been applied due to [Reason]. I have also attached the relevant documentation for your review.

I would appreciate your prompt attention to this matter and a timely resolution. Please let me know if you need any further information to expedite the review of my objection.

Thank you for your cooperation.

Sincerely,

[Your Name]