

# Letter of Dispute for Medical Bill

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

Customer Service Department

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear Customer Service,

I am writing to formally dispute a medical bill I received dated [Insert Date of Bill] for services that I believe were not rendered. The bill in question references the following details:

- Patient Name: [Patient Name]
- Account Number: [Account Number]
- Invoice Number: [Invoice Number]
- Date of Treatment: [Date of Service]

Upon reviewing my records, I have found that the services listed on the bill were either never provided or were billed in error. Specifically, [provide details or explanation about the services in question].

I kindly request that you investigate this matter and provide clarification regarding these charges. Enclosed are copies of relevant documents, including previous correspondence, that support my claim.

Please respond to this letter at your earliest convenience. I look forward to resolving this issue promptly.

Thank you for your attention to this matter.

Sincerely,

[Your Name]