

Letter Contesting Hospital Charges

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Hospital Name]

[Hospital Address]

[City, State, Zip Code]

Dear [Billing Department/Hospital Administrator],

I am writing to formally contest the charges associated with my recent visit to [Hospital Name] on [Date of Service]. The account number for this visit is [Account Number].

Upon reviewing my billing statement, I noticed that I have been charged for services rendered without pre-approval from my insurance provider, [Insurance Company Name]. I was under the impression that the services provided were covered under my policy, and I had made several attempts to ensure that all procedures would receive the necessary authorization prior to my treatment.

As per my policy guidelines, I understand that a pre-approval is required for certain procedures. However, I believe that the situation surrounding my care warranted an exception due to [insert any relevant information about urgency or lack of time for pre-approval].

Therefore, I kindly request a review of my charges and an adjustment based on the circumstances described above. I am attaching copies of my insurance policy, all relevant documentation, and correspondence related to my pre-approval for your reference.

Thank you for your attention to this matter. I look forward to your prompt response and resolution of my billing issue.

Sincerely,

[Your Name]