

# Hospital Bill Appeal Letter

**Date:** [Insert Date]

**Insurance Company Name**

**Insurance Company Address**

**City, State, Zip Code**

Dear [Insurance Company Contact/Claims Department],

I hope this letter finds you well. I am writing to formally appeal a hospital bill I received from [Hospital Name] dated [Bill Date], for patient [Patient Name], with account number [Account Number]. After reviewing the statement, I believe there has been an overcharge.

The total billed amount is [Total Amount], of which I am responsible for a co-pay of [Co-pay Amount]. However, after consulting my policy [Insert Policy Number], I noticed discrepancies regarding the charges for [specific services or items in dispute]. According to my policy, these should have been covered under [specific coverage details].

I kindly request a thorough review of my claim, and I have attached copies of the relevant documentation, including the bill, my insurance policy details, and any additional supporting information.

Thank you for your prompt attention to this matter. I look forward to your response and resolution to the issue at hand.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]