

Letter of Dispute for Hospital Bill Overcharge

Date: [Insert Date]

To: [Billing Department Name]

[Hospital Name]

[Hospital Address]

[City, State, Zip Code]

Subject: Dispute of Hospital Bill - Account Number: [Insert Account Number]

Dear [Billing Department/Specific Contact Name],

I am writing to formally dispute the charges on my recent hospital bill dated [Insert Bill Date], associated with my account number [Insert Account Number]. As an uninsured patient, I was surprised to find that the total charges amount to [Insert Total Amount], which appears to be higher than anticipated.

I have reviewed the itemized bill and have the following concerns that I would like addressed:

- [Detail specific charge or service that seems inaccurate or excessive]
- [Detail any discrepancies in services provided versus charged]
- [Mention any lack of clear communication regarding pricing prior to services rendered]

In accordance with my rights as a consumer, I would appreciate a thorough review of this bill. I kindly request a detailed explanation and justification for the charges listed. Additionally, if there are any financial assistance programs available for uninsured patients, I would like to request information on how to apply.

Please find attached copies of the bill and any supporting documents relevant to my case.

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

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]