

Letter of Dispute for Healthcare Bill Payment

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Name] Customer Service,

I am writing to formally dispute a charge on my healthcare bill dated [Insert Bill Date], with reference number [Insert Reference Number]. Upon reviewing the bill, I noticed discrepancies that I believe warrant further investigation.

The specific charges I am questioning include:

- [Charge Description 1] - [Amount]
- [Charge Description 2] - [Amount]

According to my insurance policy, these charges should either be covered or substantially reduced. I have attached documentation supporting my claim, including [Insert any attached documents, e.g., Explanation of Benefits, prior correspondence, etc.].

For your reference, my policy number is [Insert Policy Number]. I kindly request a thorough review of my account and an explanation for the billed amounts. Please respond to this dispute at your earliest convenience, preferably within [Insert a timeframe].

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

Sincerely,

[Your Name]