

# Health Insurance Discrepancy Report

Date: [Insert Date]

To: [Insurance Company Name]

Address: [Insurance Company Address]

Subject: Discrepancy Report for Policy #[Insert Policy Number]

Dear [Insurance Representative's Name],

I am writing to formally report a discrepancy related to my health insurance policy #[Insert Policy Number].

Details of the Discrepancy:

- **Date of Service:** [Insert Date]
- **Provider Name:** [Insert Provider Name]
- **Description of Service:** [Insert Service Description]
- **Expected Coverage:** [Insert Expected Coverage]
- **Amount Billed:** [Insert Amount Billed]
- **Amount Covered:** [Insert Amount Covered]

I believe that there has been an error in processing my claim. I kindly request a thorough review of this matter and a prompt response regarding the outcome.

Thank you for your attention to this issue. I look forward to your swift resolution.

Sincerely,

[Your Name]

[Your Address]

[Your Phone Number]

[Your Email]