

Request for Mediation

Date: [Insert Date]

To: [Recipient's Name]
[Recipient's Title]
[Healthcare Institution/Organization Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request mediation regarding a dispute that has arisen related to my healthcare services. I believe that mediation may help us resolve the issues amicably and effectively.

Details of the Dispute:

- Patient Name: [Your Name]
- Account Number: [Your Account Number]
- Date of Service: [Date of Service]
- Description of the Issue: [Brief description of the dispute]

I believe that mediation can offer both parties a constructive environment to reach a resolution. I am hopeful that through this process, we can address my concerns and improve our ongoing relationship.

Please let me know your availability for mediation and any proposed steps to move forward. I can be reached at [Your Phone Number] or [Your Email Address].

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

Sincerely,

[Your Name]
[Your Address Line 1]
[Your Address Line 2]
[City, State, Zip Code]
[Your Phone Number]
[Your Email Address]