

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

[Date]  
[Medical Billing Department]  
[Healthcare Provider's Name]  
[Provider's Address]  
[City, State, Zip Code]

Subject: Billing Dispute for [Patient's Name, Account Number]

Dear [Billing Department Contact/Manager's Name],

I am writing to formally dispute a charge on my medical bill dated [Date of Service] for account number [Account Number]. After reviewing the statement, I noticed [explain the specific charges you are disputing and why you believe they are incorrect].

I have attached relevant documents, including [list any supporting documents, such as the original bill, insurance explanation of benefits, any related correspondence, etc.].

I kindly request a thorough review of this matter and a prompt response to facilitate the resolution of this dispute.

Thank you for your attention to this issue. I look forward to your timely reply.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]