

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

[Recipient Name]
[Recipient Title]
[Agency/Organization Name]
[Agency Address]
[City, State, Zip Code]

Subject: Payment Dispute for IHSS Services

Dear [Recipient Name],

I am writing to formally dispute a payment issue related to my In-Home Supportive Services (IHSS). My case number is [Your Case Number].

I have identified discrepancies in the payments received for the period of [specific dates]. According to my records, I provided authorized services that should have been compensated at [mention the correct payment rate]. However, I received a payment of [mention the amount you received].

I have attached copies of relevant documentation, including [list the documents, such as time sheets, service authorizations, etc.], to support my claim.

I kindly request that this matter be reviewed and corrected at your earliest convenience. Please let me know if you need any further information or clarification regarding this issue.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]