

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

Kaiser Permanente

[Billing Department Address]
[City, State, Zip Code]

Subject: Billing Dispute - Account Number [Your Account Number]

Dear Kaiser Permanente Billing Department,

I hope this message finds you well. I am writing to formally dispute a bill I received dated [Insert Date of Bill] regarding my account number [Your Account Number].

After reviewing the charges listed, I believe there has been an error related to [briefly explain the nature of the dispute, e.g., "the billed amount for the consultation on [specific date]" or "the services that were described"]. According to my understanding of my coverage and benefits, [provide a concise explanation of why you believe the bill is incorrect].

I have enclosed copies of [list any documents you are including, such as previous bills, explanation of benefits, or correspondence] that support my case.

I kindly request a thorough review of my account and an adjustment of the bill if found to be in error. Please feel free to contact me at [Your Phone Number] or [Your Email Address] should you need any further information or clarification regarding this matter.

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

Sincerely,

[Your Name]

[Your Member ID or Policy Number]