BillFight

Medical Bill Dispute Letter Template

Free printable template -- print, fill in the brackets, mail via USPS Certified Mail

with Return Receipt.

[Date]
[Your Name]
[Your Address]

[Provider Name] -- Billing Department
[Billing Address]

Re: Dispute of Billing Error -- Account #[YOUR ACCOUNT NUMBER]

Dear Billing Department,

Opening: state date of service and purpose of letter.

Body paragraph 1: cite specific error -- line item, CPT code, amount.

Body paragraph 2: state what it should be and why.

Body paragraph 3: reference applicable regulation.

Closing: request correction; set 30-day response deadline.

Attachments: itemized bill, EOB, medical records.

Sincerely,
[Your Name]

Placeholder PDF -- a fully formatted real template will replace this file.