

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

[Date]

[Billing Department/Collection Agency Name]
[Address]
[City, State, Zip Code]

Re: Dispute of Medical Debt for Account Number: [Account Number]
Patient Name: [Patient Name]
Date of Service: [Date of Service]

Dear Billing Manager,

I am writing to formally dispute the debt associated with the account referenced above. Upon reviewing my records and the explanation of benefits (EOB) from my insurance provider, I have identified a medical coding error that has resulted in an incorrect balance.

Specifically, the following error(s) occurred:

- [Describe error: e.g., Incorrect CPT code used for the procedure performed.]
- [Describe error: e.g., Duplicate billing for the same service.]
- [Describe error: e.g., Use of a code that should have been bundled into the primary procedure.]

The correct coding should reflect [Insert Correct Information]. Because of this coding discrepancy, my insurance claim was [denied / processed incorrectly], and I am being billed for an amount that I do not owe.

I request that you immediately:

1. Cease all collection activities regarding this account while this dispute is under investigation.
2. Review the medical records for the date of service and correct the billing codes.
3. Resubmit the corrected claim to my insurance provider, [Insurance Company Name].
4. Provide me with written confirmation that the coding has been corrected and the account is being re-evaluated.

I have attached copies of [List Attachments: e.g., EOB, medical notes, or correspondence from insurance] which support my claim that a coding error was made.

Please respond to this dispute within 30 days of receipt of this letter. Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]