

STEP #3 – GENERAL

Date

Hospital Address

XXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXX

Dear XXXXXXXX (the person or department from whom you have received correspondence):

I am writing with respect to patient account number 123456789, and your letter dated date of letter. This letter, unfortunately, still does not answer my questions.

Previously, you provided me with an itemized bill. There is still nothing that explains how your prices are derived and you did not send me a copy of your price list. So, my question is: how do I know these prices are correct? Do you use a third-party to establish your prices? Are they established based on some kind of national benchmarking system? Do you charge by the hour?

You also have not explained to me how you ensure you are compliant with your state law regarding billing of the uninsured and the limits of the law based on your rates negotiated with insurance companies. Please identify the insurance company with whom you have the best negotiated rates, their rates for the care provided to me, and a copy of your uninsured discount policy.

I would like it expressed in your records that I am formally disputing this bill until such time that I receive reasonable information. **Please be sure that if my record is sent to a collections agency, all of our correspondence is included and that mile file is clearly marked that it is in DISPUTE** (now in very serious dispute given that my questions are being ignored).

Thank you very much,

Your name

Your phone number

Your email address