

[Date]

[Insurance Company Name]
[Claims/Grievance Department]
[Insurance Company Address]
[City, State ZIP Code]

Re: Out-of-Pocket Costs Dispute for [Member Name], Policy #[Policy Number]
Subject: Grievance Concerning Out-of-Pocket Expenses

Dear Sir or Madam,

I am writing to formally dispute the out-of-pocket costs associated with the recent claim for my healthcare services, dated [Service Date], by [Provider Name]. After reviewing my Explanation of Benefits (EOB), I believe I have been incorrectly charged for services that should have been covered under my policy. According to my policy, [briefly explain the relevant policy section, e.g., "preventive services are fully covered without cost-sharing"]. However, I was billed [amount in dispute] for [service description], which appears to be inconsistent with my coverage.

Please review my claim and provide a detailed explanation of these charges. I am requesting a reconsideration and adjustment of the disputed out-of-pocket costs.

Attached are copies of my EOB, provider bill, and relevant sections of my policy for your reference. Thank you for your prompt attention to this matter. I look forward to your response within the timeframe specified by your grievance procedures.

Sincerely,

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

Enclosures: EOB, Provider Bill, Policy Documents