

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

[Date]

[Insurance Company Name]  
[Claims/Appeals Department]  
[Insurance Address]  
[City, State, Zip Code]

**RE: Notice of Dispute / Appeal for Claim #[Claim Number]**

To Whom It May Concern,

I am writing to formally dispute the diagnostic copay/coinsurance charged for my medical service on [Date of Service] at [Provider Name]. My records indicate this service was a preventive screening, which should be covered at 100% with no cost-sharing under the Affordable Care Act (ACA).

The service provided was: [Name of Screening, e.g., Screening Colonoscopy or Screening Mammogram].

Although this procedure may have involved [mention if a polyp was removed or a biopsy taken], it was scheduled and performed as a preventive screening for an asymptomatic patient. Under federal guidelines, a preventive screening does not become "diagnostic" for billing purposes simply because an abnormality was found or addressed during the procedure.

I am requesting that you re-process this claim as a preventive service and waive the [Amount] copay/deductible currently listed on my Explanation of Benefits (EOB).

Attached are copies of my EOB and any relevant medical notes from my provider confirming the preventive nature of the visit.

I look forward to your response within 30 days. Please notify me in writing once the claim has been adjusted.

Sincerely,

[Your Signature]

[Your Printed Name]  
[Policy/Member ID Number]