[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

Re: Acknowledgment of Good Faith Estimate Dispute Case #[Reference Number]

Dear [Patient Name],

This letter is to formally acknowledge that we have received your request to dispute the charges for the medical services provided on [Date of Service]. We received your dispute submission on [Date Received].

We understand that the final billed amount of $[Final Amount] exceeds the Good Faith Estimate provided to you ($[Estimate Amount]) by at least $400. We are currently reviewing the documentation associated with your case to determine if the additional charges were for medically necessary items or services that could not have been reasonably anticipated at the time the estimate was provided.

What happens next:

- We have placed a hold on the collection of the disputed bill while the review is pending.
- You are not required to pay the disputed portion of the bill at this time.
- We may contact you if additional information is required to process your claim.

We expect to provide a formal determination regarding this dispute within [Number, e.g., 30] business days. Once the review is complete, we will notify you in writing of the outcome and any remaining balance owed.

If you have any questions regarding this process, please contact our Billing Dispute Department at [Phone Number] or via email at [Email Address].

Sincerely,

[Name of Representative]
[Title]
[Health Care Facility/Provider Name]