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

[Date]

[Billing Department Name]
[Healthcare Provider or Pharmacy Name]
[Address]
[City, State, Zip Code]

Re: Formal Dispute of Invoice #[Invoice Number]

Dear Billing Department,

I am writing to formally dispute the charges on invoice #[Invoice Number], dated [Date of Invoice], in the amount of $[Total Amount].

I am contesting this invoice for the following reason(s):

- [Specify reason: e.g., Incorrect medication quantity, Price does not match original quote, Insurance was not applied, Medication never received, or Duplicate billing.]

According to my records, [explain the specific discrepancy in detail]. I have attached copies of [mention supporting documents, such as receipts, insurance statements, or prescriptions] to support my claim.

I request that you review this account and issue a corrected invoice. While this matter is under investigation, I request that you place this account on hold and refrain from reporting any late payments to credit bureaus.

Please provide a written response regarding the status of this dispute within [Number, e.g., 30] days. Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]
[Your Printed Name]

Enclosures: [List attached documents]