

# SINGLE DISPUTE ACKNOWLEDGEMENT LETTER WITH REQUEST FOR ADDITIONAL INFORMATION

Member Name:

Date of Service:

Total Billed Amount:

[Claim, tracking, document] #:

Health Plan ID# [optional]:

Patient Account# [optional]:

Date:

Provider:

## Dear Provider:

Lorem Ipsum is simply dummy text of the printing and typesetting industry. Lorem Ipsum has been the industry standard dummy text ever since the 1500s, when an unknown printer took a galley of type and scrambled it to make a type specimen book. It has survived not only five centuries, but also the leap into electronic typesetting, remaining.

## List specific item of Information needed for dispute:

Lorem Ipsum is simply dummy text of the printing and typesetting industry. Lorem Ipsum has been the industry standard dummy text ever since the 1500s, when an unknown printer took a galley of type and scrambled it to make a type specimen book. It has survived not only five centuries, but also the leap into electronic typesetting, remaining.

## ENTITY NAME:

Responsible Unit:

Mailing Address:

City, State, Zip, Code:

Lorem Ipsum is simply dummy text of the printing and typesetting industry. Lorem Ipsum has been the industry standard dummy text ever since the 1500s, when an unknown printer took a galley of type and scrambled it to make.

Sincerely,

[ENTITY NAME]  
[Responsible unit]