

# **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:**

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Sincerely,

[ENTITY NAME]  
[Responsible unit]