

Billing Dispute Resolution Form

NAME: _____ **DOB:** _____

ADDRESS: _____

PHONE: (____) _____

Explanation of Dispute:

Please include photocopies of bills, receipts and all other relevant materials.

Please submit this form to:

Billing Disputes
Marino Center
372 Washington Street
Wellesley, MA 02481

Please allow 30 days for a written response.