

Medical Billing Complaint Letter

Date: [Insert Date]

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

To Whom It May Concern,
[Medical Provider's Name]
[Provider's Address]
[City, State, Zip Code]

Subject: Complaint Regarding Billing Issues

Dear [Provider's Name or Billing Department],

I am writing to formally express my concerns regarding a billing issue related to my recent medical treatment on [insert date of service]. My account number is [insert account number].

Upon reviewing my billing statement, I have noticed discrepancies that I believe require urgent attention. Specifically, [briefly describe the issues, e.g., overcharges, incorrect insurance claims, etc.].

I kindly request a detailed breakdown of the bills, as well as clarification on the charges applied. I have attached copies of my billing statements and any relevant documents for your reference.

I appreciate your prompt attention to this matter and look forward to your response within [insert time frame, e.g., 14 days]. If needed, I can be reached at [your phone number] or [your email address].

Thank you for your assistance.

Sincerely,
[Your Name]