

# Medical Grievance Letter for Billing Discrepancies

Date: [Insert Date]

To Whom It May Concern,

I am writing to formally express my grievance regarding a billing discrepancy associated with my recent medical treatment. My account details are as follows:

**Patient Name:** [Insert Patient Name]

**Account Number:** [Insert Account Number]

**Date of Service:** [Insert Date of Service]

**Provider Name:** [Insert Provider Name]

Upon reviewing my recent bill dated [Insert Bill Date], I noticed several discrepancies that I would like to address:

- [Describe Discrepancy 1]
- [Describe Discrepancy 2]
- [Describe Discrepancy 3]

According to my understanding and previous communications, I believe the charges should reflect [state your understanding or expected charges]. Therefore, I kindly request a detailed explanation and a resolution to these discrepancies.

I appreciate your prompt attention to this matter and look forward to your response. Please contact me at [Insert Phone Number] or [Insert Email Address] should you require any further information.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]