

Healthcare Billing Discrepancy Resolution

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Title]

[Healthcare Provider's Name]

[Provider's Address]

[City, State, Zip Code]

Subject: Resolution of Billing Discrepancy

Dear [Recipient's Name],

I hope this message finds you well. I am writing to address a discrepancy I encountered regarding my healthcare bill dated [Insert Bill Date], with invoice number [Insert Invoice Number].

Upon reviewing the bill, I noticed the following discrepancies:

- [Discrepancy 1 description]
- [Discrepancy 2 description]
- [Discrepancy 3 description]

I kindly request your assistance in reviewing these issues and providing clarification or corrections at your earliest convenience. Additionally, I have attached copies of the relevant documents for your reference.

Thank you for your attention to this matter. I look forward to your prompt response so we can resolve this discrepancy amicably.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]