

Request for Medical Bill Review

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]

To: [Recipient's Name]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request a review of the medical bill received for services rendered on [Insert Date of Service]. The reference number for this bill is [Insert Bill Reference Number].

Upon reviewing the bill, I have noticed discrepancies that I believe warrant further examination, including [briefly explain the discrepancies or concerns].

Enclosed are copies of the bill and any additional documentation that supports my request for review. I would appreciate it if you could investigate this matter and provide a clear explanation of the charges and coverage.

Thank you for your attention to this matter. I look forward to your timely response.

Sincerely,

[Your Name]