

Medical Billing Account Review

Date: [Insert Date]

[Patient's Name]

[Patient's Address]

[City, State, ZIP Code]

Dear [Patient's Name],

We hope this letter finds you in good health. We are writing to inform you that we are currently conducting a review of your medical billing account with us. The review is aimed at ensuring that all charges are accurate and that your account reflects the correct balances.

As part of this process, we may need to verify some information with you. Please feel free to contact us at [Phone Number] or [Email Address] if you have any questions or need further clarification regarding your account.

We appreciate your prompt attention to this matter and thank you for being a valued patient.

Sincerely,

[Your Name]

[Your Title]

[Facility Name]

[Facility Address]

[City, State, ZIP Code]