

Medical Billing Error Correction Request

Your Name: [Your Name]

Address: [Your Address]

City, State, Zip: [Your City, State, Zip]

Email: [Your Email]

Phone Number: [Your Phone Number]

Date: [Current Date]

Billing Department

[Healthcare Provider's Name]

[Provider's Address]

[City, State, Zip]

Subject: Request for Correction of Billing Error

Dear Billing Department,

I am writing to request a correction regarding a billing error associated with my recent medical services. The details are as follows:

Account Number: [Your Account Number]

Date of Service: [Date of Service]

Description of Services Rendered: [Description]

Error Description: [Explain the error in detail]

Upon reviewing my statement, I noticed the following discrepancies that I believe need to be addressed:

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

I would appreciate your prompt attention to this matter, and I kindly request a corrected bill reflecting the appropriate charges. Please find attached any relevant documentation to support my claim.

Thank you for your assistance. I look forward to your reply.

Sincerely,

[Your Name]