

Medical Billing Inquiry

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

To Whom It May Concern,

I am writing to inquire about a medical bill I received dated [Date of Bill]. The account number is [Account Number] and it pertains to services rendered on [Date of Service].

After reviewing the bill, I have some questions regarding the following charges:

- [Description of Charge 1] - [Your Question]
- [Description of Charge 2] - [Your Question]

I would appreciate your prompt assistance in clarifying these charges. If additional documentation is required, please let me know how I can assist in expediting this matter.

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

Sincerely,

[Your Name]