

Medical Billing Policy Clarification

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Recipient's Name]

[Recipient's Title]

[Company/Organization Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to request clarification regarding the medical billing policy pertaining to [specific service or procedure] provided on [date of service].

[Briefly describe the issue or concern about the billing policy, including any relevant policy numbers or billing codes.]

Understanding this policy is crucial for me as it affects [briefly explain how it affects your situation, e.g., financial responsibilities, insurance coverage]. I would greatly appreciate it if you could provide detailed information regarding the following:

- [Specific question or concern 1]
- [Specific question or concern 2]
- [Specific question or concern 3]

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

Sincerely,

[Your Name]