

# Senior Healthcare Support Services

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

To Whom It May Concern,

I am writing to inquire about a billing discrepancy related to my recent statement dated [Insert Statement Date]. My account number is [Insert Account Number].

Specifically, I would like to clarify [briefly describe the issue or question regarding the billing]. I would appreciate any documentation or information you can provide to help resolve this matter.

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

Sincerely,

[Your Name]