

## **To Whom It May Concern,**

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Address: [Insert Patient Address]

I am writing to formally challenge the medical billing associated with my recent diagnosis of [Insert Diagnosis] from my visit on [Insert Date of Service].

Upon reviewing the billing statement and corresponding documentation, I have identified discrepancies regarding the charges listed for the diagnostic services provided. Specifically, I believe that the charges for [List Specific Charges] are inaccurate and do not reflect the services received during my appointment.

I kindly request a detailed explanation of the billing, including an itemized list of services rendered, and any relevant codes associated with my diagnosis. If possible, I would appreciate any supporting documentation or guidelines used to determine these charges.

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

Sincerely,

[Your Name]

[Your Contact Information]