

# Letter of Complaint Regarding Erroneous Medical Charges

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]

[Recipient's Name]  
[Medical Facility Name]  
[Facility Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally file a complaint regarding erroneous charges I received following my recent visit to [Medical Facility Name] on [Date of Visit]. Upon reviewing my bill, I noticed discrepancies that I believe warrant immediate attention.

The following charges appear to be inaccurate:

- [Description of incorrect charge 1] - [\$ amount]
- [Description of incorrect charge 2] - [\$ amount]
- [Description of incorrect charge 3] - [\$ amount]

I kindly request a detailed breakdown of these charges and an explanation for the discrepancies. I believe I have been overcharged and would appreciate your prompt assistance in resolving this matter.

Thank you for attending to this issue swiftly. I look forward to your response.

Sincerely,

[Your Name]