

Request for Adjustment of Erroneous Medical Billing

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

Billing Department
Healthcare Provider's Name
Provider's Address
City, State, Zip Code

Dear [Billing Department/Provider's Name],

I hope this letter finds you well. I am writing to request an adjustment to my recent medical billing statement dated [insert date of bill]. After reviewing the charges, I noticed discrepancies that I believe require your attention.

Specifically, the following charges appear to be erroneous:

- Service/Procedure: [XXXX], Charge: [Amount]
- Service/Procedure: [XXXX], Charge: [Amount]
- Service/Procedure: [XXXX], Charge: [Amount]

I have attached supporting documents including my insurance policy details and previous billing statements for your reference.

Kindly review my account and adjust the billing statements accordingly. I appreciate your prompt attention to this matter and look forward to your response.

Thank you for your assistance.

Sincerely,
[Your Name]