

Letter of Clarification on Medical Billing

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Recipient's Name]

[Billing Department or Provider's Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to seek clarification regarding an incorrect medical billing I received for services rendered on [insert date of service]. The invoice number is [insert invoice number].

Upon reviewing the bill, I noticed several discrepancies that I believe need to be addressed, specifically:

- [Description of discrepancy 1]
- [Description of discrepancy 2]
- [Description of discrepancy 3]

I kindly request a detailed explanation of these charges and any relevant supporting documentation. I appreciate your prompt attention to this matter and look forward to your response.

Thank you for your assistance.

Sincerely,

[Your Name]