

# Appeal for Detailed Statement of Medical Costs

Date: [Insert Date]

To,

[Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

Subject: Request for Detailed Statement of Medical Costs

Dear [Insurance Company Representative],

I hope this message finds you well. I am writing to formally appeal for a detailed statement of medical costs associated with my recent treatment, which took place on [Insert Date(s) of Treatment]. My policy number is [Insert Policy Number].

After reviewing the summary of costs provided, I have noticed discrepancies and would like further clarification on the following items:

- [Item 1: Description]
- [Item 2: Description]
- [Item 3: Description]

In order to ensure transparent communication and an accurate understanding of my medical expenses, I kindly request that you provide a detailed breakdown of the charges incurred during my treatment.

Thank you for your attention to this matter. I appreciate your prompt response.

Sincerely,

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Phone Number]

[Your Email Address]