

# Demand for Explanation of Medical Charges

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[Recipient Name]

[Facility/Hospital Name]

[Facility Address]

[City, State, ZIP Code]

Dear [Recipient Name],

I am writing to formally request an explanation of the medical charges associated with my recent visit on [Date of Service] at [Facility/Hospital Name].

Upon reviewing the bill, I found discrepancies that I do not understand, including:

- [Specific Charge 1 and its amount]
- [Specific Charge 2 and its amount]
- [Specific Charge 3 and its amount]

Please provide a detailed breakdown of these charges, including the services performed and any applicable codes. I would appreciate receiving this information by [specific date, e.g., within 30 days].

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

Sincerely,

[Your Name]