

# Request for Clarification on Medical Fees

Date: [Insert Date]

To,

[Provider's Name]

[Provider's Position]

[Hospital/Clinic Name]

[Address Line 1]

[Address Line 2]

Dear [Provider's Name],

I hope this message finds you well. I am writing to request clarification regarding the medical fees charged for my recent visit on [Insert Date of Visit]. I have received the bill and have a few questions concerning the charges listed.

Specifically, I would like to understand the following items:

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

Additionally, if you could provide details on any insurance coverage or payment plans available for these fees, it would be greatly appreciated.

Thank you for your attention to this matter. I look forward to your prompt response so that I can resolve these inquiries efficiently.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]