

# Health Insurance Billing Error Notification

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

[Insurance Company Name]  
[Insurance Company Address]  
[City, State, Zip Code]

Dear [Insurance Company Representative's Name],

I am writing to formally notify you of a billing error related to my recent health insurance claim, with reference number [Claim Number]. Upon reviewing the bill dated [Date of Bill], I have identified discrepancies that require immediate attention.

The details of the error are as follows:

- Service Date: [Service Date]
- Description of Service: [Description]
- Charged Amount: [Charged Amount]
- Expected Amount: [Expected Amount]

I kindly request a thorough review of this claim and a revised statement reflecting the correct charges. Please find attached relevant documents for your reference.

You may reach me at [Your Phone Number] or [Your Email Address] should you require further information.

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

Sincerely,

[Your Name]