

Medical Billing Inquiry Response

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Billing Account Number: [Insert Account Number]

Dear [Insert Patient Name],

Thank you for bringing your billing inquiry to our attention. We appreciate your patience as we reviewed your account regarding the discrepancy you reported.

After a thorough investigation, we have identified the error in your billing statement dated [Insert Date of Original Bill]. The charge for [Insert Description of Service] was incorrectly billed due to [Insert Reason for Error].

We have corrected the billing error, and a revised statement will be sent to you with the updated balance reflecting the correction. The new balance is [Insert New Balance].

If you have any further questions or concerns, please do not hesitate to contact our billing department at [Insert Phone Number] or [Insert Email Address]. We are here to assist you.

Thank you for your understanding.

Sincerely,

[Insert Your Name]

[Insert Your Title]

[Insert Medical Facility Name]

[Insert Contact Information]