

Medical Billing Inquiry Response

Date: [Insert Date]

[Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

Thank you for your inquiry regarding the status of your claim, [Claim Number]. We appreciate your patience as we address your concerns.

We have reviewed your claim and would like to provide you with the following updates:

- **Claim Status:** [Pending/Approved/Denied]
- **Date of Service:** [Insert Date]
- **Provider Name:** [Insert Provider Name]
- **Total Amount Billed:** \$[Insert Amount]
- **Amount Covered by Insurance:** \$[Insert Amount]
- **Patient Responsibility:** \$[Insert Amount]

If you have any additional questions or need further assistance, please do not hesitate to contact our office at [Insert Phone Number] or [Insert Email Address].

Thank you for choosing [Your Company Name].

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]

[Your Company Address]

[City, State, Zip Code]