

Medical Billing Inquiry Response

Date: [Insert Date]

From: [Your Name]

To: [Patient's Name]

Address: [Patient's Address]

Subject: Response to Your Medical Billing Inquiry

Dear [Patient's Name],

Thank you for reaching out to us regarding your coverage questions related to your recent medical bill. We appreciate your patience as we review your inquiry.

After careful examination of your insurance policy and the services rendered, we would like to address your concerns as follows:

- **Service Date:** [Insert date of service]
- **Claim Number:** [Insert claim number]
- **Service Description:** [Insert description of services]
- **Coverage Status:** [Insert coverage information]

If you have further questions or require additional clarification about your coverage details, feel free to contact our billing department at [Insert Contact Number] or email us at [Insert Email Address].

We are here to help you navigate this matter as smoothly as possible.

Thank you for choosing [Your Medical Facility Name].

Sincerely,

[Your Name]

[Your Position]

[Your Medical Facility Name]

[Your Contact Information]