

# Medical Billing Inquiry Response

Date: [Insert Date]

[Your Name]

[Your Title]

[Your Organization]

[Organization Address]

[City, State, Zip Code]

[Patient's Name]

[Patient's Address]

[City, State, Zip Code]

Dear [Patient's Name],

We are writing in response to your inquiry regarding the disputed charges on your recent medical bill dated [Insert Bill Date]. We appreciate your patience as we reviewed your concerns.

After a thorough review of your account and the services rendered, we have determined that the charges in question were accurate based on the following:

- [Detail of Service 1 - Description and Charge]
- [Detail of Service 2 - Description and Charge]
- [Detail of Service 3 - Description and Charge]

If you have additional information or documentation that you believe should be considered, please feel free to provide it, and we will be happy to review your account again.

Thank you for bringing this matter to our attention. If you have any further questions, please do not hesitate to contact our billing department at [Billing Department Phone Number] or [Billing Department Email].

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Title]

[Your Organization]