

Response to Medical Billing Inquiry

Date: [Insert Date]

From: [Your Name]
[Your Position]
[Your Company]
[Your Address]
[City, State, Zip Code]
[Your Contact Information]

To: [Recipient's Name]
[Recipient's Address]
[City, State, Zip Code]

Dear [Recipient's Name],

Thank you for your inquiry regarding the documentation request for the medical billing issue dated [insert date of the issue or invoice number]. We appreciate your patience as we work to address your concerns.

Please find the requested documentation attached, including:

- [Document Type 1]
- [Document Type 2]
- [Document Type 3]

If you have any further questions or require additional information, please do not hesitate to contact us at [Your Phone Number] or [Your Email Address]. We are here to assist you.

Thank you for choosing [Your Company]. We look forward to resolving this matter promptly.

Best regards,

[Your Name]
[Your Position]
[Your Company]