

Response to Medical Billing Inquiry

Date: [Insert Date]

Patient Name: [Patient Name]

Patient ID: [Patient ID]

Invoice Number: [Invoice Number]

Dear [Patient Name],

Thank you for reaching out to us regarding your inquiry about the Explanation of Benefits (EOB) for your recent medical treatment. We appreciate the opportunity to clarify this matter for you.

Upon reviewing your account, we found the following details regarding your EOB:

- **Date of Service:** [Insert Date]
- **Procedure Code:** [Insert Procedure Code]
- **Total Charges:** [Insert Amount]
- **Insurance Payment:** [Insert Insurance Payment Amount]
- **Patient Responsibility:** [Insert Patient Responsibility Amount]

If you have any further questions or need additional clarification, please do not hesitate to contact our billing department at [Insert Phone Number] or [Insert Email]. We're here to assist you.

Thank you for choosing [Your Medical Facility Name].

Sincerely,

[Your Name]

[Your Title]

[Your Medical Facility Name]

[Your Contact Information]