

# Medical Billing Inquiry Response

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Account Number: [Insert Account Number]

Dear [Patient Name],

Thank you for reaching out regarding your medical billing inquiry. We appreciate your patience as we review your account.

After a thorough examination of your account, we would like to provide the following information:

- **Service Date:** [Insert Service Date]
- **Service Provided:** [Insert Description of Service]
- **Total Charges:** \$[Insert Total Charges]
- **Payments Received:** \$[Insert Payments Received]
- **Current Balance:** \$[Insert Current Balance]

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

We value your trust in us and are committed to ensuring your billing needs are met.

Sincerely,

[Your Name]

[Your Position]

[Your Company Name]

[Your Contact Information]