Billing Error Appeal Letter

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Billing Department Name]

[Medical Provider's Name]

[Provider's Address]

[City, State, Zip Code]

Dear [Billing Department Name],

I am writing to formally appeal a billing error on my recent medical bill dated [date of bill]. The account number associated with this bill is [account number]. After reviewing the statement, I believe there are discrepancies that need to be addressed.

Specifically, I am disputing the charge of [amount in dispute] for [specific service or treatment], which I believe was either billed incorrectly or not performed as indicated. I have attached copies of relevant documents including [mention any attached documents, such as insurance claims, receipts, or previous correspondence].

I kindly request a detailed review of my bill and an adjustment based on the findings. Please respond to this appeal within [specify timeframe, e.g., 30 days] to confirm receipt and the status of my request.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]