

# Inquiry into Health Service Billing Discrepancies

[Your Name]  
[Your Address]  
[City, State, Zip]  
[Email Address]  
[Phone Number]  
[Date]

[Billing Department Name]  
[Health Service Provider Name]  
[Provider Address]  
[City, State, Zip]

Dear [Billing Department Name],

I am writing to formally inquire about discrepancies in my recent billing statement dated [Billing Date] for services rendered on [Service Date]. My account number is [Account Number].

Upon reviewing the bill, I noticed the following discrepancies:

1. [Describe discrepancy 1]
2. [Describe discrepancy 2]
3. [Describe discrepancy 3]

I kindly request a detailed explanation for these discrepancies and any supporting documentation that may clarify the charges listed.

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

Sincerely,

[Your Name]