

Billing Clarification Request

[Your Name]

[Your Address]

[City, State, Zip]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip]

Dear [Insurance Company Contact],

I am writing to request clarification regarding the billing for services received from [Provider's Name], an out-of-network provider, on [Date of Service].

The total charges amounted to [Total Amount], and I have received an explanation of benefits (EOB) indicating that [describe the issue with the coverage, e.g., "only a portion of the charges were covered, and I would like to understand your policies regarding out-of-network billing"].

I would appreciate your assistance in clarifying the following:

- Why the services were not covered at the expected rate.
- Details regarding any potential reimbursements.
- Recommendations for resolving this billing issue.

Enclosed are copies of my EOB and the provider's bill for your reference. I look forward to your prompt response so we can resolve this matter quickly.

Thank you for your attention to this matter.

Sincerely,

[Your Name]