

Letter of Appeal

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Billing Department Name]

[Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Billing Department/Manager's Name],

I am writing to formally appeal against the recent billing statement dated [Insert Date of Bill], which I believe contains discrepancies and does not reflect the services I received.

Specifically, I would like to address the following issues:

- [Description of Issue 1]
- [Description of Issue 2]
- [Description of Issue 3]

I have attached all relevant documents, including previous statements and correspondence, for your review. I kindly request that you investigate this matter promptly and provide a resolution.

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

Sincerely,

[Your Name]