

Challenge of Erroneous Healthcare Charge

Your Name
Your Address
City, State, Zip Code
Email Address
Phone Number

Date: [Insert Date]

Billing Department
[Healthcare Provider's Name]
[Provider's Address]
City, State, Zip Code

Subject: Challenge of Incorrect Healthcare Charge - Invoice #[Invoice Number]

Dear Billing Department,

I am writing to formally contest a charge listed on my recent invoice dated [Insert Invoice Date], with invoice number [Insert Invoice Number]. After reviewing the detailed charges, I believe there has been an error that requires correction.

The charge in question is [Describe the erroneous charge, e.g., "a \$500 charge for a procedure that I did not receive."]. According to my records and discussions with my healthcare provider, this charge should not have been applied.

I kindly request a review of this charge and appropriate adjustments to my account. Enclosed with this letter are copies of [Mention any documentation provided, e.g., "my medical records, statements, or correspondence that support my claim."].

I appreciate your prompt attention to this matter. Please feel free to contact me at [Your Phone Number] or [Your Email Address] should you require any further information.

Thank you for your assistance.

Sincerely,
[Your Name]