

Billing Inquiry

Date: [Insert Date]

To: [Healthcare Provider Name]

Address: [Healthcare Provider Address]

Dear [Provider's Name or Billing Department],

I am writing to express my concerns regarding my recent healthcare billing statement dated [Insert Date]. After careful review, I have identified several discrepancies that have raised my mistrust in the accuracy of the charges incurred.

Specifically, I have noticed the following issues:

- Charge for [specific service] that I did not receive.
- Incorrect insurance information used which resulted in higher out-of-pocket costs.
- Duplicate charges for the same service.

To address these concerns, I kindly request a detailed breakdown of the charges as well as a review of my medical records pertaining to these services. I believe it is essential for both my peace of mind and your accountability to clarify these matters.

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

Sincerely,

[Your Name]

[Your Address]

[Your Phone Number]

[Your Email]