

Healthcare Invoice Error Appeal

Date: [Insert Date]

To: [Healthcare Provider's Name]

Address: [Healthcare Provider's Address]

City, State, Zip: [City, State, Zip]

Dear [Healthcare Provider's Name],

I am writing to formally appeal an error I have discovered on my recent healthcare invoice dated [Insert Invoice Date]. The invoice number is [Insert Invoice Number]. Upon reviewing the charges, I noticed the following discrepancies:

- [Description of the first error]
- [Description of the second error]
- [Description of any additional errors]

I believe these charges may have occurred due to [explain potential reasons]. I have attached supporting documents including [mention any attachments, e.g., previous bills, payment receipts, etc.].

I kindly request a correction of these errors and an updated invoice reflecting the accurate charges. Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you need further information.

Thank you for your prompt attention to this matter. I appreciate your assistance in resolving this issue.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip]

[Your Phone Number]

[Your Email Address]