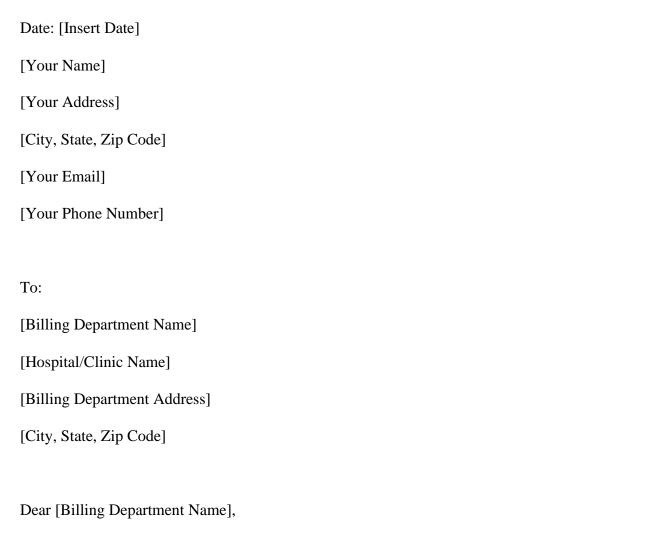
## **Medical Bill Correction Request**



I am writing to request a correction to my medical bill dated [Insert Bill Date], with the reference number [Insert Bill Reference Number]. I have reviewed the bill and noticed that [briefly describe the error, e.g., incorrect charge, missing information].

To resolve this issue, I kindly ask that you review my account and correct the following discrepancies:

- [Detail 1]
- [Detail 2]
- [Detail 3]

Attached are copies of [mention any documents you are including, such as previous bills, payment receipts, etc.] for your reference.

I appreciate your attention to this matter and look forward to your prompt response. Please feel free to contact me at [Your Phone Number] or [Your Email] if you require any further information.
Thank you for your assistance.
Sincerely,
[Your Name]