

Medical Bill Correction Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

To:

[Billing Department Name]

[Hospital/Clinic Name]

[Billing Department Address]

[City, State, Zip Code]

Dear [Billing Department Name],

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]