

Medical Billing Clarification Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email]

[Billing Department Name]

[Healthcare Provider Name]

[Provider Address]

[City, State, Zip Code]

Dear [Billing Department Name],

I am writing to request clarification regarding a recent medical bill I received dated [Insert Bill Date] with the reference number [Insert Bill Reference Number].

Upon reviewing the bill, I have noticed the following discrepancies:

- [List discrepancy #1]
- [List discrepancy #2]
- [List discrepancy #3]

I would appreciate it if you could provide detailed information regarding the charges and any necessary documentation to support them. Additionally, please advise if any corrections can be made to my account.

Thank you for your assistance in this matter. I look forward to your prompt response.

Sincerely,

[Your Name]