

Medical Charges Review

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

To Whom It May Concern,

I am writing to request a review of the medical charges associated with my recent visit to [Hospital/Clinic Name] on [Date of Service]. Upon reviewing the provided invoice, I have some concerns regarding the charges listed.

Details of the visit:

- Patient Name: [Patient Name]
- Date of Service: [Date]
- Invoice Number: [Invoice Number]

Specific charges I would like to review:

- [Charge Description 1] - [Amount]
- [Charge Description 2] - [Amount]
- [Charge Description 3] - [Amount]

I request a detailed explanation for these charges and any supporting documentation that can clarify their appropriateness. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your assistance.

Sincerely,

[Your Name]