

# Unjust Medical Billing Inquiry

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Billing Department]

[Name of Medical Facility]

[Facility Address]

[City, State, Zip Code]

Dear Billing Department,

I am writing to formally dispute an unjust medical bill that I received on [date of the bill]. The bill, with reference number [bill reference number], amounts to [amount] for services provided on [service date].

Upon reviewing the charges, I believe there has been a mistake regarding [specific reasons for the dispute]. I have attached [any supporting documents, e.g., insurance statements or previous communication] for your review.

I kindly request a thorough review of my account and a justification for the charges. Please provide a detailed explanation of how these charges were calculated and the services rendered. If there was an error, I would appreciate prompt correction and a revised bill.

Thank you for your attention to this matter. I look forward to your prompt response. You may contact me at [your phone number] or [your email address] should you need further information.

Sincerely,

[Your Name]