

Negotiation Letter for Medical Bill

Your Name
Your Address
City, State, Zip Code
Email Address
Phone Number
Date

Billing Department
Name of Medical Provider
Address of Medical Provider
City, State, Zip Code

Dear [Billing Department/Specific Person's Name],

I am writing to discuss the medical bill dated [insert date] associated with my recent treatment at [medical provider's name]. My account number is [insert account number]. After my insurance adjustment, I noticed that my out-of-pocket expenses are higher than I anticipated.

According to my insurance provider, [insert brief details about the insurance coverage], and I believe that my bill may contain errors or overcharges. I would appreciate your assistance in reviewing this matter.

In addition, I would like to request a detailed breakdown of the charges applied, as I believe we may be able to negotiate a more reasonable payment plan or lower balances. Please let me know if there is any documentation or additional information you need from my side.

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

Sincerely,
[Your Name]