

Letter to Hospital Billing Department

Date: [Insert Date]

To:

Billing Department
[Hospital Name]
[Hospital Address]
[City, State, Zip Code]

Dear Billing Department,

I am writing to formally challenge the billing discrepancies associated with my recent visit to [Hospital Name] on [Date of Service]. I have reviewed my bill and noticed several charges that do not align with my understanding of the services provided.

Details of the discrepancies are as follows:

- Charge 1: [Describe the charge and discrepancy]
- Charge 2: [Describe the charge and discrepancy]
- Charge 3: [Describe the charge and discrepancy]

I have attached copies of my medical records and any other supporting documents for your review. I kindly request that you investigate these charges and provide a detailed explanation regarding their validity.

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

Sincerely,

[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Phone Number]
[Your Email Address]