

# Formal Complaint Regarding Inflated Medical Charges

Date: [Insert Date]

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

[Recipient's Name]  
[Recipient's Title]  
[Insurance Company/Hospital Name]  
[Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally express my concern regarding the medical charges incurred during my recent visit to [Hospital/Clinic Name] on [Date of Service]. After reviewing the invoice, I have noticed several discrepancies that I believe constitute inflated charges.

Specifically, I would like to highlight the following charges that appear to be higher than standard rates:

- [Description of Service/Procedure] - [Inflated Charge] vs. [Standard Rate]
- [Description of Service/Procedure] - [Inflated Charge] vs. [Standard Rate]

These inflated charges are not only concerning but have also placed a significant financial burden on me. I kindly request a thorough review of my account and an explanation of the charges in question. Additionally, I would appreciate a revised invoice reflecting fair and reasonable charges.

Thank you for your prompt attention to this matter. I look forward to your swift response and resolution of my complaint.

Sincerely,

[Your Name]