

Inquiry into Excessive Hospital Billing

Your Name
Your Address
City, State, ZIP Code
Email Address
Phone Number
Date: [Insert Date]

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

Dear Billing Department,

I am writing to formally inquire about a recent bill I received for services rendered on [Insert Date of Service]. The bill number is [Insert Bill Number]. Upon reviewing the charges, I have noticed several discrepancies that I believe warrant further investigation.

Specifically, I would like clarification on the following charges:

- [List specific charges and any relevant details]
- [List specific charges and any relevant details]

In addition to the above, I would appreciate if you could provide me with a detailed breakdown of the charges, including the services provided and their associated costs. I believe there may have been an error in billing, and I would like to resolve this matter as soon as possible.

Please feel free to contact me at [Your Phone Number] or [Your Email Address] should you need any further information from my side.

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

Sincerely,
[Your Name]