

# Notification of Billing Error

Date: [Insert date]

To: [Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We are writing to inform you of a billing error concerning the surgical costs incurred during your recent procedure on [insert procedure date]. After a thorough review of your account, we have discovered discrepancies in the charges applied.

The total amount billed was [insert erroneous amount], which is higher than the correct amount of [insert correct amount]. We sincerely apologize for this oversight and any inconvenience it may have caused.

To resolve this matter, we will be issuing a corrected invoice reflecting the accurate charges. You can expect to receive this in the next [insert timeframe, e.g., 5-7 business days].

If you have any questions or require further assistance, please do not hesitate to contact our billing department at [insert phone number] or [insert email address].

Thank you for your understanding and cooperation.

Sincerely,

[Your Name]

[Your Position]

[Healthcare Facility Name]

[Contact Information]