

# Formal Complaint Letter

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Recipient's Position]

[Medical Facility's Name]

[Facility's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally express my concern regarding discrepancies in the billing related to the medical services I received on [date of service] at [medical facility name].

Upon reviewing my billing statement, I noticed several inconsistencies, including [list specific discrepancies, e.g., charges that were higher than what was discussed, services that were not rendered, etc.]. According to my understanding and documentation, the total amount due should be [correct amount], rather than the amount stated in the bill, which is [incorrect amount].

I kindly request that you investigate this matter and provide a detailed explanation regarding these discrepancies. I believe it is essential to resolve this issue promptly to ensure fair billing practices.

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

Sincerely,

[Your Name]