

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

Billing Department

[Hospital Name]

[Hospital Address]

[City, State, Zip Code]

Dear Sir/Madam,

I am writing to formally lodge a complaint regarding discrepancies in my billing statements from your hospital.

On [date of service], I received treatment at [specific department or doctor], and I was charged [specific amount]. However, according to my understanding, the expected charge should have been [expected amount]. I have attached copies of my billing statements for your review.

Despite my attempts to resolve this matter through your customer service department on [dates of any calls made], I have not received a satisfactory response or resolution.

I kindly request a thorough investigation into my billing records and a prompt correction of any discrepancies. I appreciate your attention to this matter and look forward to your timely response.

Thank you for your assistance.

Sincerely,

[Your Name]