

# Request for Resolution

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

**[Healthcare Provider's Name]**

[Healthcare Provider's Address]

[City, State, Zip Code]

Dear [Healthcare Provider's Name],

I am writing to formally request a resolution regarding [briefly describe the issue, e.g., a billing error, a treatment concern, etc.]. On [date of the incident], I experienced [describe what happened and how it has affected you].

I have attempted to resolve this matter by [mention any previous attempts to resolve the issue, such as phone calls, emails, etc.], but I have not yet received a satisfactory response.

I would appreciate your prompt attention to this matter and any assistance you can provide in resolving it. Please contact me at your earliest convenience to discuss this situation further.

Thank you for your attention to this matter.

Sincerely,

[Your Name]