

# Formal Complaint Regarding Excessive Charges on Medical Bills

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Recipient's Title]

[Company/Organization Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally complain about what I believe are excessive charges on my recent medical bills, dated [insert date of bill]. The bill in question (Invoice Number: [insert invoice number]) includes charges that appear to be unreasonably high compared to the standard rates for similar services.

Upon reviewing my bill, I noticed charges for [list specific services with costs] that do not reflect the quoted prices, nor do they align with my insurance policy's agreed rates. Additionally, there are miscellaneous fees that have not been explained adequately.

I would appreciate it if you could provide a detailed breakdown of these charges and an explanation regarding their necessity. I also request that you review these charges for accuracy and adjust them accordingly. I trust that this matter can be resolved promptly.

Thank you for your attention to this issue. I look forward to your timely response.

Sincerely,

[Your Name]