

Your Name
Your Address
City, State, Zip Code
Email Address
Phone Number
Date

Insurance Company Name
Company Address
City, State, Zip Code

Dear [Insurance Company Representative's Name],

I am writing to formally submit a complaint regarding incorrect billing information associated with my insurance claims. My policy number is [Your Policy Number].

On [Date of Billing Statement], I received a billing statement that includes charges that I believe are incorrect. The specific charges in question are [list the incorrect charges]. I have attached copies of relevant documentation to support my claim.

Despite my previous attempts to resolve this matter by contacting your customer service department on [dates of prior communication], I have not received a satisfactory response or resolution.

I kindly request that you review my case and correct the billing information as soon as possible. I appreciate your prompt attention to this matter and expect a reply by [specific date].

Thank you for addressing my concerns.

Sincerely,
[Your Name]