

Formal Complaint Regarding Overbilling

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

Billing Department
Medical Provider's Name
Provider's Address
City, State, Zip Code

Dear Billing Department,

I am writing to formally complain about an overbilling issue related to medical services rendered on [insert date of service] at [insert facility name]. The services I received included [list services], for which I was billed [\$ amount]. However, after reviewing my medical records and insurance coverage, it appears that I have been charged [insert incorrect amount].

According to my understanding of my insurance policy, the correct amount that should have been billed to me is [insert correct amount]. I have attached copies of the relevant documents, including the billing statement and insurance explanation of benefits, for your review.

I kindly request a prompt investigation into this matter and a correction to my billing statement. I appreciate your attention to this issue and look forward to your timely response in resolving this overbilling complaint.

Thank you for your assistance.

Sincerely,
Your Name