

# Formal Complaint Regarding Unresolved Billing Disputes

Date: [Insert Date]

To: [Provider's Name or Billing Department]

[Healthcare Provider's Name]

[Provider's Address]

[City, State, Zip Code]

Dear [Provider's Name or Billing Department],

I am writing to formally address my ongoing billing disputes with your office regarding my account [Insert Account Number or Patient ID]. Despite my previous communications, these issues remain unresolved, causing significant inconvenience and concern.

On [insert date of original billing dispute], I received a bill for [insert amount] which I believe is inaccurate due to [insert brief explanation of the dispute]. I have attempted to resolve this matter by [insert details of previous attempts to resolve, including dates and nature of communication].

Unfortunately, I have not received a satisfactory response or resolution. As a patient, I feel it is my right to understand and clarify any charges made against my account. I am requesting a comprehensive review of my billing statements, and a detailed explanation regarding the charges in question.

Please treat this letter as a formal complaint and respond by [insert a specific date, usually 2-3 weeks from the date of the letter]. If I do not receive a satisfactory response, I may be compelled to escalate this matter further.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]