Your Address
City, State, Zip Code
Email Address
Phone Number
Date
Recipient Name
Healthcare Provider/Facility Name
Address

Your Name

## **Subject: Formal Complaint Concerning Unclear Healthcare Billing Statements**

Dear [Recipient Name],

City, State, Zip Code

I hope this letter finds you well. I am writing to formally express my concern regarding the healthcare billing statements I have received for the services rendered on [specific date(s)]. Despite reviewing the statements multiple times, I find the information to be unclear and inconsistent, which has caused significant confusion and distress.

Specifically, I would like to address the following issues:

- Lack of detailed itemization of services provided.
- Discrepancies in the charges compared to the expected costs outlined in my insurance policy.
- Ambiguity regarding payments made and amounts outstanding.

These unclear statements not only hinder my ability to understand my financial obligations but also raise concerns about potential billing errors. I kindly request a thorough review of my billing statements and a clear explanation of the charges incurred.

Thank you for your prompt attention to this matter. I look forward to your timely response and to resolving this issue amicably.

Sincerely,

[Your Name]