

# Formal Complaint Regarding Fraudulent Billing Practices

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

[Recipient's Name] [Title] [Healthcare Provider's Name] [Provider's Address] [City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally lodge a complaint regarding fraudulent billing practices I have experienced with [Healthcare Provider's Name]. My patient ID is [Patient ID], and my recent treatment dates back to [Date of treatment].

Upon reviewing my medical bills, I noticed several discrepancies that suggest that I have been charged for services that were either not rendered or billed at inflated rates. Specifically, I highlight the following concerns:

- [Specific issue 1]
- [Specific issue 2]
- [Specific issue 3]

I believe these charges are unjustifiable and could constitute fraudulent billing practices. I request a thorough review of my account and an immediate rectification of the charges listed above.

Additionally, I would appreciate a prompt response to this letter to address my concerns. I look forward to your cooperation in resolving this matter quickly and satisfactorily.

Thank you for your attention to this important issue.

Sincerely,

[Your Name]