

Formal Complaint Regarding Healthcare Billing Discrepancies

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Healthcare Provider's Name]

[Healthcare Provider's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally address unexpected discrepancies in my healthcare billing related to services rendered on [Date of Service]. After reviewing my statement, I have noticed several charges that do not align with my understanding of the services provided.

Specifically, I would like to highlight the following discrepancies:

- [Detail of discrepancy 1]
- [Detail of discrepancy 2]
- [Detail of discrepancy 3]

Given these discrepancies, I request a detailed review of my bill and clarification on the charges in question. I believe it is essential to resolve these matters promptly to avoid any further complications.

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

Sincerely,

[Your Name]