

Medical Billing Policy Clarification

Date: [Insert Date]

[Your Name]

[Your Position]

[Your Organization]

[Organization Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

To: [Recipient's Name]

[Recipient's Position]

[Recipient's Organization]

[Organization Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to seek clarification regarding our medical billing policy as it pertains to [specific issue or question].

We have encountered [describe the issue briefly], and would appreciate your guidance on how to proceed under our current policy guidelines.

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

Sincerely,

[Your Name]

[Your Position]