

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

Subject: Inquiry Regarding Hospital Bill

Dear [Billing Department/Specific Contact Person's Name],
I hope this letter finds you well. I am writing to bring to your attention a matter regarding the hospital bill I recently received for services rendered during my visit on [Date of Service].

****Patient Information:****

- Patient Name: [Your Name]
- Patient ID: [Patient ID Number]
- Account Number: [Account Number]

****Billing Information:****

- Bill Date: [Date on Bill]
- Total Amount Due: [Total Amount]
- Due Date: [Due Date]

Upon reviewing the bill, I noticed some discrepancies that I would like to clarify:

1. [Describe the first discrepancy or question, e.g., "Charges for X-ray were higher than expected."]
2. [Describe the second discrepancy or question, e.g., "The insurance coverage does not seem to reflect my plan's benefits."]
3. [Add more discrepancies if necessary.]

I kindly request a detailed itemization of the charges and any relevant documentation supporting the bill. Additionally, if there are any forms or steps I need to complete to resolve these issues, please let me know. Thank you for your attention to this matter. I appreciate your prompt response and assistance.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]