

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

Subject: Request for Review of Hospital Bill

Dear Billing Department,

I hope this message finds you well. I am writing to formally request a review of my recent hospital bill dated [Bill Date] for the services rendered during my stay from [Admission Date] to [Discharge Date]. My patient account number is [Account Number].

Upon reviewing the bill, I noticed the following discrepancies:

1. [Description of discrepancy 1]
2. [Description of discrepancy 2]
3. [Description of discrepancy 3]

I would appreciate it if you could provide clarification and a detailed breakdown of the charges. Additionally, if there are any errors, I kindly request that these be corrected accordingly.

Please let me know if you need any further information from my side to facilitate this review. I look forward to your prompt response.

Thank you for your attention to this matter.

Sincerely,

[Your Name]