

Complaint Letter Format for Hospital Billing Mistakes

A well-structured **complaint letter format for hospital billing mistakes** helps you address medical invoice errors efficiently. Use the template below to ensure all essential details are included, promoting a prompt and fair resolution.

Your Name:

Your Address
City, State, ZIP Code
Email Address
Phone Number
Date

Billing Department

Hospital Name
Hospital Address
City, State, ZIP Code

Subject: Complaint regarding billing errors on my medical invoice (Patient ID: [Your Patient ID])

Dear Sir/Madam,

I am writing to formally bring to your attention an error/discrepancy I have identified on my recent hospital bill dated **[Date of Bill]**, Statement Number: **[Statement/Invoice Number]**.

Upon reviewing the attached billing statement, I noticed the following issue(s):

- **[Describe the incorrect charge(s) clearly - e.g., duplicate charges, services not received, insurance not applied, etc.]**

I kindly request that you investigate this matter and provide clarification regarding the charges in question. I am also requesting that the necessary corrections be made to my billing statement.

Attached/enclosed are copies of the relevant billing documents and any supporting paperwork for your reference.

I would appreciate a prompt response to this matter, and I am available if you require further information. Please contact me at **[Your Phone Number]** or **[Your Email Address]**.

Thank you for your prompt attention to this matter.

Sincerely,
[Your Name]

Tips:

- Always keep copies of all correspondence and documents sent.
- Maintain a professional and polite tone throughout your letter.
- Be as specific as possible about the error and what resolution you are seeking.