

[Your Name]  
[Your Address]  
[City, State, ZIP Code]  
[Email Address]  
[Phone Number]  
[Date]

[Billing Department Contact Name]  
[Healthcare Provider/Hospital Name]  
[Address]  
[City, State, ZIP Code]

Subject: Request for Adjustment â€œ Incorrect Medical Billing for Patient [Patient Name/Account Number]

Dear [Billing Department Contact Name],

I am writing to formally address discrepancies I have identified in the invoice received from your office, dated [Invoice Date], for medical services provided on [Service Date] under the patient account [Patient Number/ID].

After a thorough review of the statement (Invoice Number: [Invoice Number]), I found the following billing errors:

- **Discrepancy 1:** [Briefly describe error, e.g., â€œCharges include a procedure (CPT code: [Code]) that was not performed.â€œ]
- **Discrepancy 2:** [Describe additional error, e.g., â€œMedication listed was not administered.â€œ]

Attached are supporting documents including [e.g., doctor's notes, appointment confirmations, insurance statements] to verify the actual services rendered. I respectfully request a prompt review of my account and correction of the inaccurate charges detailed above. Please issue a revised invoice reflecting only the accurate services I received.

I appreciate your prompt attention to this matter and request written confirmation once the corrections have been made. If you require any further information or documentation, please do not hesitate to contact me at [your phone number] or [your email address].

Thank you for your cooperation in ensuring accurate and transparent billing practices.

Sincerely,  
[Your Name]