

Date: [Insert Date]

[Patient/Insurance Provider Name]  
[Address Line 1]  
[Address Line 2]  
[City, State ZIP Code]

Subject: Adjustment Letter Regarding Medical Billing Discrepancy (Account #: [Insert Account Number])

Dear [Patient/Insurance Provider Name],

We are writing to address a recent medical billing discrepancy identified on your account with [Medical Practice/Hospital Name]. Our records indicate an inconsistency concerning the billing for services rendered on [Date of Service].

Upon review, we determined that the discrepancy was due to [briefly explain the nature of the error, e.g., data entry error, incorrect coding, duplicate charge]. Specifically, the following issue was found: [Describe the exact billing discrepancy].

To correct this error, we have:

- Reviewed all relevant service documentation and billing records;
- Issued a correction in our billing system to reflect the accurate charge(s);
- Updated your account balance to ensure accuracy;
- Notified any involved insurance provider, if applicable.

We apologize for any inconvenience this discrepancy may have caused. Please find attached a revised statement summarizing the adjustment for your reference. If you have already made payment in excess of the corrected amount, a refund will be processed promptly. If any balance remains, kindly remit payment based on the updated statement.

At [Medical Practice/Hospital Name], we are committed to maintaining transparent and accurate billing practices. Should you have any questions or require additional clarification, please do not hesitate to contact our office at [Phone Number] or [Email Address].

Thank you for your understanding and for entrusting us with your healthcare needs.

Sincerely,

[Billing Department Representative Name]  
[Title]  
[Medical Practice/Hospital Name]  
[Contact Information]