

# Sample Complaint Letter for Double Charging on Medical Bill

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

[Billing Department]  
[Hospital or Medical Practice Name]  
[Billing Address]  
[City, State, ZIP Code]

Subject: Dispute of Double Charge on Medical Bill

Dear Billing Manager,

I am writing to bring to your attention a billing error concerning recent medical services I received at your facility. Upon carefully reviewing my medical bill (Account Number: [insert account number], Date of Service: [insert date]), I noticed that I have been charged twice for the same service.

Specifically, the charge for **[describe the service, e.g., "X-ray Procedure"]** appears on my bill two separate times: once on [insert date/line number] and again on [insert date/line number]. To clarify, I only received this service once during my visit.

I kindly request that you review my account and promptly correct this error by removing the duplicate charge and issuing an updated bill or a refund if the payment has already been processed. I have attached copies of the bill highlighting the duplicate charges for your reference.

Ensuring the accuracy of medical billing is crucial, and this prompt correction will help avoid any further inconvenience or potential negative impact on my financial records. I appreciate your immediate attention to this matter and look forward to your response within [reasonable time frame, e.g., 14 days].

If you require any additional information or documents, please contact me at [your phone number] or [your email address].

Thank you for your prompt attention to this matter.

Sincerely,  
[Your Name]