Healthcare Billing Adjustment Template

Subject: Medical Billing Adjustment Request - Patient Account #[Account Number]

Dear Billing Administrator,

I am writing regarding charges on my recent medical bill that I believe require adjustment based on my insurance coverage and the services actually received.

Patient Information: [Name], DOB: [Date], Service Date: [Date]

Upon reviewing the itemized bill, I have identified the following concerns:

1. [Specific billing issue #1]

2. [Specific billing issue #2]

3. [Insurance coverage discrepancy]

I have contacted my insurance provider, and they have confirmed that [relevant insurance information]. Additionally, I was not informed during my visit that [specific service/procedure] would result in additional charges.

Enclosed please find copies of my insurance card, explanation of benefits, and any other relevant documentation. I am requesting a thorough review of these charges and appropriate adjustments.

I would appreciate a detailed breakdown of how the final charges were calculated and confirmation of any adjustments made. Please contact me if you need additional information to process this request.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

[Contact Information]