

Straightforward Complaint About Billing Issues Related to Care

Subject: Complaint Regarding Charges for Inadequate Care

Dear Billing Department and Patient Relations,

I am disputing charges on my account (Account #[number]) related to services provided by Dr. [Doctor's Name] on [date]. I am refusing to pay for care that was substandard and did not meet basic professional standards.

During my appointment, Dr. [Last Name] spent less than five minutes with me, did not conduct a physical examination despite my presenting symptoms, and prescribed medication without reviewing my medical history. The appointment I was charged for was supposed to be a comprehensive evaluation, but I received cursory attention at best.

I have been billed \$[amount] for a service that was not adequately provided. I am requesting that this charge be removed from my account or significantly reduced to reflect the actual level of care received.

Additionally, I am filing a separate complaint about the quality of care with [appropriate department], but I wanted the billing department to be aware that I will not be paying for services that were not properly rendered.

Please review this matter and respond within 15 days with an adjusted bill or explanation. I am prepared to dispute this charge with my insurance company and through other channels if necessary.

Thank you for your attention to this matter.

[Your Full Name]

[Account Number]

[Date]

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