[Your Full Name]
[Your Address]
[Your Phone Number]
[Your Email Address]
[Date]

[Name of Medical Provider/Hospital]
[Medical Records Department/Billing Department]
[Address of Facility]

Subject: Request for Amendment of Health Information - Incorrect Billing Codes

To the Medical Records Department,

I am writing to formally request an amendment to my medical records as permitted under HIPAA regulations. I recently reviewed my records/billing statement for the date of service [Date of Service] and identified an error regarding the billing codes used.

Description of Error:
The record currently lists the following billing code(s): [List Incorrect Codes].

Requested Correction:
The record should be corrected to reflect the following code(s) or description of services: [List Correct Codes or Services].

Reason for Correction:
[Briefly explain why the current code is wrong, e.g., "The procedure listed was never performed," or "The code used does not match the diagnosis discussed during the appointment"].

I have attached copies of [Name of Supporting Documents, e.g., Explanation of Benefits or Clinical Notes] which support this request.

Please notify me in writing once the amendment has been made. If you deny this request, please provide a written explanation of the reason for the denial and instructions on how I may file a statement of disagreement.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]
[Your Printed Name]
[Patient Date of Birth]
[Patient Member ID/Account Number]