[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

Re: Status of Medical Billing Review
Account Number: [Account Number]
Claim Number: [Claim Number]
Date of Service: [Date of Service]

Dear [Patient Name],

We are writing to provide you with an update regarding the formal review of your medical billing for the services listed above.

Your request for review was received on [Date Received]. Our billing department is currently evaluating the charges to ensure accuracy in coding, insurance processing, and applied discounts.

Current Status: [In Progress / Pending Additional Documentation / Under Clinical Review]

At this time, no further action is required from you. We estimate that the review will be completed within [Number] business days. Once the process is finished, we will send you a final determination letter outlining any adjustments made to your balance.

Your account has been placed on a temporary hold, and you will not receive further collection notices for these specific charges until the review is complete.

If you have any questions, please contact our Billing Support Team at [Phone Number] or [Email Address].

Sincerely,

[Name/Department]
[Facility/Provider Name]