To: Accounts and Billing

Service name (hospital, clinic etc)

Phone number

Address

To whom it may concern,

**RE: Refund/Waiver of fees for (FULL NAME) : (DOB)**

I am requesting a refund/waiver of the fees for invoice (number), dated (date), for (reason for invoiced service or test).

This is because (select from the following or create your own):

* The fee is too high
* I am on a concession/pension card
* I am experiencing financial distress (you can provide details if you are comfortable)
* The cost was not disclosed
* I was not told there would be a cost for this test
* The service was ineffective/did not work/caused harm

Should you have any queries regarding this request, please contact me on [insert number], [email address], or via post at [postal address]. I appreciate your time in assessing and responding to this request.

Yours sincerely

[Consumer’s name]

Date […………]

*\*Don’t forget to attach your ID to the letter\**