**To**

**State Health Authority**

**\_\_\_\_\_\_\_\_\_\_\_\_(State)**

**Dear Sir/Madam**

 **Subject: Overbilling by Hospital for treatment of Covid-19**

I was admitted to \_\_\_\_\_\_\_\_\_\_\_\_\_\_hospital at \_\_\_\_\_\_\_\_\_\_\_ for treatment of Covid-19 on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. On discharge from hospital on \_\_\_\_\_\_\_\_\_\_\_\_, a Discharge Bill no \_\_\_\_\_\_\_\_\_dated\_\_\_\_\_\_\_\_\_ towards cost of treatment of Covid-19 for Rs.\_\_\_\_\_\_\_was presented to me for payment. The amount of the bill was higher than the rates notified in your circular no \_\_\_\_\_\_\_\_\_\_ dated \_\_\_\_\_\_\_\_\_\_. I was forced to pay Rs.\_\_\_\_\_\_\_\_\_ in excess of the rates notified by the government to get the discharge done.

I request you to kindly direct the hospital to refund the excess amount charged for the treatment at the earliest.

Thanking you.

Yours sincerely

Signature:

Name:

Address:

Date: