

Medical Procedure Cost Inquiry

Date: [Insert Date]

To: [Medical Facility/Provider Name]

Address: [Insert Address]

Dear [Provider's Name],

I hope this message finds you well. I am writing to inquire about the costs associated with the following medical procedure:

Procedure Name: [Insert Procedure Name]

Procedure Date (if known): [Insert Date]

Could you please provide me with a detailed breakdown of the costs involved, including any potential additional fees for consultations, tests, or follow-up care? Additionally, I would appreciate information regarding insurance coverage and payment options, if applicable.

Thank you for your assistance. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Contact Information]