

Request for Medical Service Pricing

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Recipient's Title]

[Medical Facility Name]

[Medical Facility Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to request a detailed pricing list for the medical services offered at your facility. I am considering scheduling [specific services or procedures], and understanding the costs involved will greatly assist me in making an informed decision.

Could you please provide information on the following:

- Pricing for [specific services or procedures]
- Any additional fees or charges
- Insurance acceptance and payment options

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

Sincerely,

[Your Name]