

Your Name

Your Address

City, State, Zip Code

Email Address

Phone Number

Date

Billing Department

Healthcare Provider Name

Provider Address

City, State, Zip Code

Dear Billing Department,

I hope this message finds you well. I am writing to request a detailed billing statement for my recent medical treatment provided on [date of service]. My patient ID is [patient ID number], and I would appreciate a comprehensive breakdown of the charges incurred during this visit.

If any additional information is required, please feel free to contact me at [your phone number] or [your email address]. Thank you for your assistance.

Sincerely,

[Your Name]