

Inquiry Regarding Medical Billing Details

Your Name

Your Address

Your City, State, Zip Code

Your Email

Your Phone Number

Date

Billing Department

Medical Provider's Name

Provider's Address

City, State, Zip Code

Dear Billing Department,

I hope this message finds you well. I am writing to inquire about specific details regarding my recent medical billing statement. My name is [Your Name], and I received treatment on [Date of Treatment]. My account number is [Account Number].

Specifically, I would like clarification on the following items:

- [Detail/Service 1]
- [Detail/Service 2]
- [Detail/Service 3]

Additionally, I would appreciate it if you could send me an itemized statement for my records.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]