

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Recipient's Title]

[Hospital/Clinic Name]

[Hospital/Clinic Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to request a detailed medical billing statement regarding my recent visit to [Hospital/Clinic Name] on [Date of Service]. My account number is [Account Number].

For my records and to ensure accurate insurance processing, I would appreciate if you could provide a breakdown of the charges, including any services rendered, fees, and total amount billed.

If you need any additional information from my side, please do not hesitate to contact me at the phone number or email address listed above.

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

Sincerely,

[Your Name]