

Request for Full Account of Medical Charges

Your Name
Your Address
City, State, Zip Code
Email Address
Phone Number
Date

Billing Department
[Healthcare Provider's Name]
[Provider's Address]
City, State, Zip Code

Dear Billing Department,

I hope this message finds you well. I am writing to formally request a full account of all medical charges incurred during my treatment at your facility on [insert date(s) of service]. My patient ID number is [insert patient ID].

To ensure accurate records, please include detailed itemization of all charges, payment history, and any insurance claims that have been processed.

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

Sincerely,
[Your Name]