

Request for Itemized Copy of Healthcare Expenses

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Billing Department/Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request an itemized copy of my healthcare expenses for the period of [insert date range]. This information is needed for my personal records and to assist with my financial planning.

Please include detailed descriptions of the services rendered, the dates on which they occurred, and any applicable charges associated with each service.

If there are any forms or fees required to process my request, please let me know. I appreciate your assistance and look forward to your prompt response.

Thank you for your attention to this matter.

Sincerely,

[Your Name]