

Request for Transparent Medical Charging Information

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Recipient Title]

[Medical Institution Name]

[Institution Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally request transparent and detailed information regarding the medical charges for services rendered at [Medical Institution Name]. As a patient, it is essential for me to understand the costs associated with my healthcare to make informed decisions regarding my treatment.

Specifically, I would like to request the following information:

- A detailed breakdown of all charges related to my recent medical treatment on [Date of Service].
- An explanation of the pricing structure for the services provided.
- Information on any possible financial assistance programs that may be available.

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

Sincerely,

[Your Name]