

Request for Comprehensive Medical Charges Breakdown

Date: [Insert Date]

To: [Provider's Name]
[Provider's Address]
[City, State, Zip Code]

Dear [Provider's Name],

I hope this message finds you well. I am writing to request a comprehensive breakdown of the medical charges incurred during my recent visit on [Insert Date of Service].

For my records and to ensure accurate billing, I kindly ask for an itemized list of all services and associated costs, including but not limited to:

- Consultation Fees
- Diagnostic Tests
- Medications Prescribed
- Follow-up Services
- Any Additional Charges

Thank you in advance for your attention to this matter. Please send the requested information to my address listed below or via email at [Insert Email Address].

Sincerely,

[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Phone Number]
[Your Email Address]