

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Billing Department's Name]

[Hospital Name]

[Hospital Address]

[City, State, Zip Code]

Dear Billing Department,

I am writing to request the contact information for the billing department representative who can assist with inquiries regarding my medical billing statements.

My account details are as follows:

Patient Name: [Patient's Full Name]

Patient ID: [Patient ID Number]

Date of Service: [Date of Service]

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

Sincerely,

[Your Name]