

Request for Billing Department Details

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

Email: [Your Email]

Phone: [Your Phone Number]

To:

Billing Department

[Hospital Name]

[Hospital Address]

[City, State, Zip Code]

Dear Billing Department,

I am writing to request detailed information regarding my billing account with your hospital. I would like to ensure that I have a clear understanding of the charges incurred during my recent visit on [Insert Date of Visit].

Specifically, I would appreciate if you could provide the following details:

- Itemized billing statement
- Payment options available
- Any outstanding balances

Please let me know if you require any further information from my end to process this request. I look forward to your prompt response.

Thank you for your attention to this matter.

Sincerely,

[Your Name]