

Request for Point of Contact - Hospital Billing Department

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Recipient's Name]

[Recipient's Title]

[Hospital Name]

[Hospital Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to request the contact information for the point of contact in the billing department at [Hospital Name]. We are currently working on enhancing our collaboration and ensuring that all billing matters are addressed in a timely manner.

Please provide the name, email, and phone number of the appropriate contact person. Your assistance is greatly appreciated and will help us facilitate communication effectively.

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

Sincerely,

[Your Name]

[Your Title/Organization]