

# Request for Debt Clarification

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

[Billing Department Name]  
[Medical Facility or Provider Name]  
[Facility Address]  
[City, State, ZIP Code]

Dear [Billing Department Name],

I am writing to request clarification regarding the medical bills I have received for services rendered on [date of service]. The account number associated with this bill is [account number].

Upon reviewing my records, I have noticed some discrepancies that I would like to understand better. Specifically, I would appreciate an itemized statement detailing the charges, as well as information regarding any payments that may have been applied to this account.

As a patient, it is my right to receive clear and comprehensive information regarding my medical billing. Therefore, I would be grateful if you could provide me with the necessary documentation and clarification at your earliest convenience.

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

Sincerely,  
[Your Name]