

Insurance Company Name

Address Line 1

City, State, ZIP Code

Date: [Insert Date]

To Whom It May Concern,

I am writing to request the billing details related to my insurance policy with your company. My policy number is [Insert Policy Number].

Please provide me with a comprehensive statement of my billing history, including any outstanding balances and payment due dates.

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

Sincerely,

[Your Name]

[Your Address]

[Your City, State, ZIP Code]

[Your Phone Number]

[Your Email Address]