

Healthcare Charges Breakdown Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

Email: [Your Email]

Phone: [Your Phone Number]

To:

[Healthcare Provider's Name]

[Provider's Address]

[City, State, Zip Code]

Dear [Provider's Name],

I am writing to request a detailed breakdown of the charges related to my recent healthcare services received on [Insert Date of Service] under account number [Insert Account Number].

For my records and understanding, I would appreciate it if you could provide the following information:

- List of services provided
- Itemized charges for each service
- Payment received and outstanding balance
- Any adjustments or discounts applied

Please send the requested information to my email address or mailing address provided above. Your assistance in this matter is greatly appreciated.

Thank you for your prompt attention to this request.

Sincerely,

[Your Name]