

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Hospital Billing Department]  
[Hospital Name]  
[Hospital Address]  
[City, State, Zip Code]

Dear [Billing Department/Specific Person's Name],  
Subject: Request for Hospital Bill

I hope this letter finds you well. I am writing to formally request a detailed copy of my hospital bill for the services rendered on [Date of Service].

Patient Information:

- Patient Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Patient Account Number: [Your Account Number]

To ensure accuracy in reviewing the charges and for my records, I kindly ask for the following details:

1. Itemized charges for services received
2. Any payments made and adjustments applied
3. Insurance claims submitted and their status

Please send the requested information to the address mentioned above or via my email at [Your Email Address]. If there are any forms or fees required for this request, please inform me at your earliest convenience. Thank you for your prompt attention to this matter. I look forward to your response.

Sincerely,

[Your Signature (if sending a hard copy)]  
[Your Printed Name]