

****Hospital Billing Request Template****

****[Your Name]****

****[Your Address]****

****[City, State, Zip Code]****

****[Email Address]****

****[Phone Number]****

****[Date]****

****Billing Department****

****[Hospital Name]****

****[Hospital Address]****

****[City, State, Zip Code]****

****Subject: Request for Itemized Billing Statement****

Dear Billing Department,

I am writing to request an itemized billing statement for my recent visit to your facility on [Date of Service]. Below are the details related to my visit:

- ****Patient Name:**** [Full Name]

- ****Date of Birth:**** [MM/DD/YYYY]

- ****Account Number:**** [Account Number]

- ****Date of Service:**** [MM/DD/YYYY]

- ****Admission/Visit Type:**** [Type]

I would appreciate it if you could provide a detailed breakdown of the charges incurred during my visit, including any applicable insurance adjustments and payment history.

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

Sincerely,

[Your Signature (if sending a hard copy)]

****[Your Printed Name]****
