

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

Dear [Billing Department/Specific Person's Name],

Subject: Request for Hospital Bill

I hope this message finds you well. I am writing to formally request a copy of my hospital bill for the treatment I received on [Date of Service]. My details are as follows:

- Patient Name: [Your Full Name]
- Patient ID: [Your Patient ID]
- Date of Service: [Date]
- Admission/Account Number: [Admission/Account Number]

I would appreciate it if you could send the itemized bill to my address listed above or via email at [Your Email Address]. If possible, please include any additional information regarding the charges and payment options.

Thank you for your assistance.

Sincerely,

[Your Name]