

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

[Hospital Name]  
[Billing Department Address]  
[City, State, ZIP Code]

Subject: Request for Hospital Bill Statement

Dear [Billing Department/Specific Contact Name],

I hope this message finds you well. I am writing to request a detailed hospital bill statement for my recent visit to [Hospital Name] on [Date of Service]. My patient ID number is [Patient ID Number] and my date of birth is [Your Date of Birth].

I would appreciate it if you could provide the following details in the bill statement:

1. Itemized charges for services rendered
2. Payment history, including any insurance payments
3. Total amount due

Please send the requested statement to my address listed above or my email at [Your Email Address]. If there are any forms or additional information you require from me to process this request, please let me know.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]