

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

Dear [Billing Department or Specific Contact Name],

Subject: Request for Itemized Billing Statement

I hope this message finds you well. I am writing to formally request an itemized statement of my hospital bill for the services rendered during my visit on [Date of Service]. My patient account number is [Account Number].

I would appreciate it if you could provide a detailed breakdown of all charges, including any payments made, adjustments applied, and the total remaining balance. This information is necessary for my records and to assist with my insurance claims process.

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]

[Patient's Date of Birth] (if necessary for identification)