

[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 Hospital Billing Statement

Dear Billing Department,

I hope this message finds you well. I am writing to request a detailed billing statement for my recent visit to [Hospital Name] on [Date of Service].

Patient Information:

- Patient Name: [Your Name]
- Date of Birth: [Your Date of Birth]
- Patient Account Number: [Your Account Number, if available]

I would appreciate if you could include all charges, payment history, and any outstanding balances related to this visit. Please send the statement to my email address at [Your Email Address] or to my mailing address noted above.

Thank you for your attention to this matter.

Sincerely,  
[Your Name]