

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

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

Dear [Billing Department/Specific Contact Name],

Subject: Request for Invoice

I hope this message finds you well. I am writing to request a detailed invoice for the medical services received at [Hospital Name] on [Date of Service]. My patient ID is [Patient ID], and my full name is [Your Full Name].

Please include the following details in the invoice:

- Description of services provided
- Date of services
- Itemized charges
- Any applicable insurance adjustments

I would appreciate it if you could send the invoice to my email address at [Your Email Address] or via mail to my address listed above.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]