

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

Subject: Request for Hospital Bill

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

I hope this letter finds you well. I am writing to formally request a detailed copy of my hospital bill for services rendered on [Date of Service] under the patient name [Patient Full Name] and with the patient ID [Patient ID Number, if applicable].

For my records and to ensure accurate processing with my insurance provider, I would appreciate it if you could include itemized charges, dates of service, and any pertinent billing codes.

Please send the requested information to my address listed above or to my email at [Your Email Address]. Should you require any additional information to process my request, do not hesitate to contact me using the phone number provided.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]