

[Your Hospital's Letterhead]

[Date]

[Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Subject: Hospital Bill for Services Rendered

Dear [Recipient's Name],

We hope this letter finds you well. Please find below the details of the hospital bill for the services received at [Hospital Name] on [Date of Service]:

**\*\*Patient Information:\*\***

- Patient Name: [Patient's Name]

- Patient ID: [Patient ID]

- Date of Service: [Date]

**\*\*Billing Summary:\*\***

- Description of Services:

- [Service 1] - [Cost]

- [Service 2] - [Cost]

- [Service 3] - [Cost]

**\*\*Total Amount Due:\*\*** [Total Amount]

Payment can be made via [list payment methods]. We kindly ask that the total amount is settled by [Due Date].

If you have any questions or require further assistance, please do not hesitate to contact our billing department at [Phone Number] or [Email Address].

Thank you for choosing [Hospital Name].

Sincerely,

[Your Name]

[Your Title]

[Hospital Name]

[Hospital Contact Information]