

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

Subject: Request for Hospital Bill

Dear [Recipient's Name],

I hope this message finds you well. I am writing to formally request a copy of my hospital bill for the services received on [Date of Service] at [Hospital Name].

Patient Information:

- Full Name: [Your Name]
- Date of Birth: [Your Date of Birth]
- Patient ID: [Your Patient ID, if available]

I would appreciate it if you could send me a detailed itemized bill at your earliest convenience.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]