

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

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

Subject: Request for Hospital Bills

Dear [Billing Department/Specific Person's Name],
I hope this letter finds you well. I am writing to request a copy of my hospital bills for the services rendered during my recent visit on [Date of Service].

Patient Information:

- Patient Name: [Your Name]
- Date of Birth: [Your Date of Birth]
- Medical Record Number: [Your Medical Record Number] (if applicable)

Please provide an itemized statement of all charges, payments, and outstanding balances. This information is necessary for my records and to address any outstanding payments or insurance claims.

Thank you for your assistance. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]