

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

[Date]  
[Billing Department]  
[Hospital Name]  
[Hospital Address]  
[City, State, Zip Code]

Dear Billing Department,

I hope this message finds you well.

I am writing to formally request a detailed copy of my hospital bill for the services rendered during my recent visit on [Date of Service]. My patient ID number is [Patient ID Number].

Please include itemized charges, insurance payments, and any outstanding balances. This information is necessary for my records and for processing through my insurance provider.

Thank you for your prompt attention to this matter. I look forward to receiving the requested documents at your earliest convenience.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]