

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

Subject: Request for Hospital Bill

Dear [Billing Department Contact/Manager's Name],

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

My details are as follows:

- Patient Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Medical Record Number: [Your Medical Record Number if available]

I would appreciate it if you could send the bill to my address listed above or via email at [Your Email Address]. If there are any forms or fees associated with this request, please let me know.

Thank you for your assistance.

Sincerely,
[Your Name]