

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

Dear Billing Department,

Subject: Request for Hospital Bills

I hope this message finds you well. I am writing to request copies of my hospital bills for the services received on [date(s) of service] at [hospital name]. My patient account number is [your account number], and my date of birth is [your date of birth].

Please send the requested documents to my address listed above or via email at [your email address]. If there are any forms or identification required to process this request, do let me know.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]