

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

[Recipient's Name]
[Hospital/Clinic Name]
[Address]
[City, State, Zip Code]

Subject: Medical Billing Statement

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to request a detailed medical billing statement for my recent visit to [Hospital/Clinic Name] on [Date of Service].

Patient Information:

- Name: [Your Name]
- Patient ID: [Your Patient ID or Account Number]
- Date of Service: [Date]

I would appreciate it if you could provide a breakdown of charges incurred during this visit, including any services rendered, items billed, and any payments made. Additionally, if there are any outstanding balances, please indicate those as well.

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

Sincerely,

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