

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

Subject: Request for Explanation of Benefits (EOB)

Dear [Claims Department/Specific Contact Name],

I am writing to request a detailed Explanation of Benefits (EOB) for claim number [Claim Number] pertaining to [Patient's Name, Policy Number]. The services rendered on [Date of Service] require further clarification regarding coverage, payment breakdown, and any adjustments made.

Please provide the following information:

1. Detailed description of services covered.
2. Amount billed by the service provider.
3. Amount covered by insurance.
4. Amount patient is responsible for, including any adjustments or denials.

I appreciate your prompt attention to this matter and look forward to your response. Should you need any further information, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address]. Thank you for your assistance.

Sincerely,

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