

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Re: Request for Itemized Statement

Patient Account Number: [Account Number]

Dear [Patient Name],

As requested, please find the enclosed itemized statement for services provided on [Date of Service/Date Range].

This document provides a detailed breakdown of all charges, credits, and adjustments applied to your account. If you are using this statement for insurance reimbursement or tax purposes, please ensure you keep a copy for your records.

If you have any questions regarding specific charges or if you would like to discuss payment options, please contact our Billing Department at [Phone Number] between the hours of [Operating Hours].

Thank you for choosing [Facility/Practice Name].

Sincerely,

[Staff Name/Department]

[Facility/Practice Name]

Enclosure: Itemized Statement