

[Insurance Company Name]
[Claims Department Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Member Name]
[Member Address]
[City, State, Zip Code]

RE: Fulfillment of Request for Itemized Statement

Member Name: [Member Name]
Member ID: [ID Number]
Claim Number: [Claim Number]
Date of Service: [Date]

Dear [Member Name],

Pursuant to your recent request, please find the enclosed itemized statement for the healthcare services referenced above. This document provides a detailed breakdown of all charges, codes, and descriptions submitted by your healthcare provider.

The enclosed statement includes:

- Specific dates of service
- Description of individual procedures or supplies
- Coded entries (CPT, HCPCS, or ICD codes)
- Individual costs per line item
- Total billed amount

Please review this statement alongside your Explanation of Benefits (EOB). If you identify any discrepancies or have questions regarding specific charges, please contact our Member Services department at [Phone Number] between the hours of [Hours of Operation].

Sincerely,

[Sender Name/Department]
[Insurance Company Name]

Enclosure: Itemized Billing Statement