

[Current Date]

[Legal Representative Name]

[Law Firm Name]

[Street Address]

[City, State, Zip Code]

RE: Fulfillment of Request for Itemized Statement

Patient Name: [Patient Full Name]

Date of Birth: [Patient DOB]

Account Number: [Account Number]

Date of Incident/Service: [Date Range]

Dear [Representative Name],

Pursuant to your request received on [Date of Request], we have enclosed the itemized statement for the above-referenced patient and account.

This statement provides a detailed breakdown of all charges, credits, and adjustments applied to the account for the requested dates of service. Please note that this document reflects the current balance of \$[Total Balance].

If you require additional medical records, please ensure a valid HIPAA-compliant authorization is on file. For any questions regarding the specific line items or billing codes provided in this statement, please contact our billing department directly at [Phone Number].

Sincerely,

[Your Name/Signature]

[Your Title]

[Organization Name]

Enclosure: Itemized Statement