

Date: [Insert Date]

To:

[Recipient Name/Insurance Carrier]

[Address Line 1]

[City, State, Zip Code]

Re: Itemized Statement Request

Claimant Name: [Insert Name]

Date of Injury: [Insert Date]

Claim Number: [Insert Number]

Dear [Recipient Name or Claims Representative],

Pursuant to your request regarding the above-referenced Workers' Compensation claim, please find the enclosed itemized statement of services and charges.

The attached documentation includes:

- Dates of service
- Description of services provided
- Applicable CPT/HCPCS codes
- Individual charges for each line item
- Total balance due

This statement is being provided to fulfill the requirements for medical billing transparency and to facilitate the timely processing of the claim. All charges are consistent with the applicable Workers' Compensation Fee Schedule.

Should you require additional medical records or have questions regarding specific line items, please contact our billing department at [Insert Phone Number] or via email at [Insert Email Address].

Sincerely,

[Your Name/Signature]

[Your Title]

[Facility/Company Name]

Enclosure: Itemized Statement of Charges