

[Hospital or Surgery Center Name]
[Billing Department Address]
[City, State, Zip Code]
[Phone Number]

[Date]

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

Re: Itemized Statement Request
Patient ID: [Patient ID Number]
Account Number: [Account Number]
Date of Service: [Date of Surgery]

Dear [Patient Name],

As per your recent request, please find the enclosed itemized statement for the outpatient surgical services provided at our facility on [Date of Surgery].

This statement includes a detailed breakdown of all charges, including surgical room fees, anesthesia, supplies, and any laboratory or diagnostic services associated with your procedure. Please note that this document reflects the total charges billed; it may not reflect recent payments or adjustments made by your insurance provider.

If you have questions regarding specific line items, insurance processing, or payment arrangements, please contact our Billing Office at [Phone Number] between the hours of [Operating Hours].

Thank you for choosing [Hospital or Surgery Center Name] for your care.

Sincerely,

[Sender Name/Signature]
Billing Department

Enclosure: Itemized Statement of Charges