[Your Name]
[Your Address]
[Your Phone Number]
[Your Email Address]

[Date]

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

RE: Request for Pharmacy Billing Records

To the Records Department,

I am writing to formally request a copy of my billing and payment records for prescriptions filled at your pharmacy. This request is made pursuant to my right to access my protected health information under HIPAA (45 CFR $ 164.524).

Patient Identification Information:

- Full Name: [Your Full Name]
- Date of Birth: [MM/DD/YYYY]
- Patient Account Number (if known): [Account Number]

Records Requested:

Please provide an itemized statement of all pharmacy charges, insurance payments, and out-of-pocket co-pays for the following period:

From: [Start Date] To: [End Date]

Please provide these records in the following format: [e.g., Paper copy / PDF via email].

If there is a fee for duplicating these records, please notify me in advance if the cost exceeds $[Amount].

Thank you for your assistance with this matter. I look forward to receiving these records within 30 days as required by law.

Sincerely,

[Signature]

[Your Printed Name]