[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Phone Number]
[Your Email Address]

[Date]

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

RE: Inquiry Regarding Outstanding Balance - Account #[Your Account Number]

Dear Billing Department,

I am writing to formally inquire about an outstanding balance on my account for the medication(s) listed below:

- **Medication Name:** [Name of Medication]
- **Date of Service/Fill:** [Date]
- **Prescription Number:** [Rx Number]
- **Total Amount Due:** $[Amount]

I would like to request a detailed, itemized statement for these charges. Specifically, I am looking for information regarding:

- The total cost of the medication before insurance.
- The amount billed to my insurance provider ([Insurance Company Name]).
- The specific reason for the remaining balance (e.g., deductible, co-pay, or non-covered item).

If there was a processing error or if the claim was denied, please provide the specific reason so that I may address it with my insurance provider. If this balance is correct, please let me know the available methods of payment or if you offer any financial assistance or payment plans.

Thank you for your assistance in resolving this matter. I look forward to your response.

Sincerely,

[Your Signature]

[Your Printed Name]