

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

[Date]

[Name of Medical Provider/Facility]
[Billing Department Address]
[City, State, Zip Code]

RE: Formal Request for Final Medical Billing Statement

Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Account/Reference Number: [Account Number]
Date(s) of Service: [Dates]

Dear Billing Department,

I am writing to formally request a final, itemized medical billing statement for the services provided on the dates mentioned above.

Please ensure the statement includes:

- A detailed list of all services, procedures, and supplies provided.
- The specific CPT and HCPCS codes for each line item.
- The total amount charged, payments made by insurance, and any remaining balance.
- Confirmation that this is the final statement and that no further charges are pending for this encounter.

As the patient/guarantor, I have a right to access my billing records. I require this documentation for [personal records / insurance verification / legal purposes] and expect to receive it within [Number] business days.

Please send the requested documentation to my address listed above or via email at [Your Email Address].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]