

[Your Name]  
[Your Address]  
[City, State, ZIP Code]  
[Email Address]  
[Date]

Medical Billing Department  
[Hospital Name]  
[Hospital Address]  
[City, State, ZIP Code]

To Whom It May Concern,

Before I can remit payment for my medical bill, I require a detailed breakdown of all charges, akin to the billing statements I receive for other services. Specifically, the detailed medical bill should include the following:

- The specific CPT billing code for each component of the care I received.
- The full name of each medical service, without abbreviations, in accordance with the American Medical Association (AMA) Current Procedural Terminology (CPT) manual.
- The retail cost for each service provided.

Once I have reviewed the detailed bill along with my complete medical records, I will be able to assess the accuracy of the charges. Please note, the countdown for any collection actions should be paused until I receive and review this detailed bill.

Thank you for your cooperation.

Sincerely,

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