

Dear (Insert Hospital Name):

I am in receipt of your bill for (insert date(s) of service). My account number is: (insert account number).

While your bill may have been reviewed by my insurance company charges (in case you have insurance, if not then customize), I am well aware that my insurance company does not compare your billed to your price list. Nor was anyone from my insurance company present in the hospital when I was there and I'm sure they did not review my actual medical record. Thus, they cannot know what was actually done or not done. They merely pay based on what you tell them.

Accordingly, I believe it is my responsibility as the patient to validate the charges, even if I have insurance, since either myself or my employer or the tax payers are paying the ultimate price. As such, I am going to need two things:

1. A copy of your entire price list which I am entitled to under 42 U.S.C.A. § 300gg-18(e). I am not interested in a bill that only shows the price for the services I received. I cannot know if what appears on my bill is correct and whether there may be another charge that was more appropriate without seeing the entire list of charges. And in any event, I am entitled to your price list under the law. I will need your entire price list that I have most often seen referred to as a chargemaster.
2. I will also need a copy of my (or the person referred to) medical record. Please feel free to transmit it to me electronically at (Insert your email address). You may accept this letter as my written authorization to release my medical record. I'm sure you'll understand that with the high rate of errors in medical billing, I will need to see my medical record and where each charge is derived from. While I understand you use a complex system of medical coding, I simply cannot pay a bill for something I cannot personally validate.

Thank you,

(Signature)