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| JOHNSON & ROCHEATTORNEYS AT LAWTYSONS CORNER8355-A GREENSBORO DRIVEMcLEAN, VIRGINIA 22102  |
| Date  |

 Hospital

Attn: Patient Billing Department

Re: Patient:

Date of Birth:

Social Security No.:

Date of Service/Admission:

Dear Sir/Madam:

This letter is to request that you provide the undersigned with the following:

a) All bills relating to the care and treatment of this patient at your facility for the date of service/admission referenced above.

An Authorization signed by my client is enclosed.

Sincerely yours,

Brien A. Roche

BAR/kkb

Enclosure