

Date _____

Dear _____

As per our previous agreement:

- } Insurance paid more than estimated. We have credited your credit/debit card \$_____.
- } Insurance paid less than estimated. We have charged your credit/debit card \$_____.
- } We have charged your credit/debit card, bank account \$_____ as per your payment plan.
- } We have charged your credit/debit card, bank account \$_____ as per our recent phone call.
- } Other

If you have any questions, please feel free to contact us.

We appreciate having you as a patient!

Sincerely:

Patient Account Manager