

ON PRACTICE LETTERHEAD

Date

To: Patient FirstName LastName
Patient Address
City, State, Zip

Re: Refund Check Enclosed

A review of your account shows that you made an out-of-pocket payment before our office received the insurance payment.

This has resulted in a credit balance on your account of \$xxx.xx.

Please find enclosed a copy of your statement showing the correction and our check in the amount of \$xxx.xx.

If you have any questions, please contact me for assistance.

Sincerely,

Employee Name
Employee Job Title

ON PRACTICE LETTERHEAD

Date

To: Patient FirstName LastName
Patient Address
City, State, Zip

Re: Credit Card Refund Processed

A review of your account shows that you made an out-of-pocket payment before our office received the insurance payment.

This has resulted in a credit balance on your account of \$xxx.xx.

Please find enclosed a copy of your statement showing the correction and a credit card slip to show that we have refunded your credit card in the amount of \$xxx.xx.

If you have any questions, please contact me for assistance.

Sincerely,

Employee Name
Employee Job Title