

Date

Address

Dear _____,

Your health insurance company has processed the claims sent to them for the visit(s) specified in the attached bill and they determined that a portion of this is your responsibility. Please find attached the outstanding amount due.

The billing office will apply this amount to the credit card on file 7 days from the date of this letter. You may visit the practice website at <abcpeds.com> to settle this bill, or contact the office directly to do so.

If you would like to have this bill settled on a payment plan, please contact the office directly to set this up.

If you have already settled the bill, please disregard this notice.

Sincerely,

ABC Pediatrics