[Date]

[Client Name]
[Client Address]
[City, State, Zip Code]

Subject: Annual Policy Update and Statement of Financial Responsibility

Dear [Client Name],

This letter serves as your annual notification regarding updates to our office policies and a reminder of your financial responsibilities as a client of [Company/Clinic Name].

Policy Updates:
We have updated our terms and conditions effective [Date]. The primary changes include [Briefly list changes, e.g., updated cancellation policy, new billing procedures, or rate adjustments]. Please review the enclosed document for the full text of these updates.

Financial Responsibility:
By continuing to receive services, you acknowledge and agree to the following:

- You are responsible for all charges incurred for services rendered.
- Payment is due at the time of service unless prior arrangements have been made.
- For insured clients: It is your responsibility to provide current insurance information. You are responsible for any portion of the bill not covered by your insurance provider.
- Late payments may be subject to a fee of [Amount/Percentage].

Action Required:
Please sign and return the attached "Acknowledgment of Financial Responsibility" form by [Deadline Date]. You may return it via mail, email at [Email Address], or through our secure online portal.

If you have any questions regarding these updates or your account balance, please contact our billing department at [Phone Number].

Thank you for your continued trust in our services.

Sincerely,

[Your Name/Signature]
[Your Title]
[Company Name]