[Date]

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

Subject: Refund for Overpayment - Account #[Account Number]

Dear [Patient Name],

We are writing to inform you that a recent review of your account has identified an overpayment in the amount of $[Refund Amount].

This credit is the result of:

- [Reason: e.g., Insurance adjustment / Duplicate payment / Overestimation of co-pay]
- Date of Service: [Date of Service]

Please find the enclosed check for the full refund amount. Our records now show that your balance for this date of service is $0.00.

If you have any questions regarding this refund or your account status, please contact our billing department at [Phone Number] between the hours of [Hours of Operation].

Thank you for choosing [Practice/Facility Name].

Sincerely,

[Your Name/Department]
[Practice/Facility Name]
[Enclosure: Check #[Check Number]]