[Clinic Name]
[Clinic Address]
[City, State, Zip Code]
[Phone Number]

[Date]

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

Subject: Notification of Copay Overpayment Refund

Dear [Patient Name],

We are writing to inform you that a recent review of your account (Account Number: [Account Number]) has identified an overpayment regarding your copay for the service provided on [Date of Service].

The details of the overpayment are as follows:

- Total Amount Paid: $[Amount Paid]
- Correct Copay Amount: $[Correct Amount]
- **Refund Amount: $[Refund Amount]**

Please find enclosed a check for the refund amount listed above. If you have any questions regarding this refund or your account balance, please contact our billing department at [Billing Phone Number] between the hours of [Operating Hours].

Thank you for choosing [Clinic Name] for your healthcare needs.

Sincerely,

[Sender Name/Billing Department]
[Clinic Name]