[Date]

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

RE: Refund for Account #[Account Number]

Dear [Patient Name],

We are writing to inform you that a recent insurance adjustment has resulted in an overpayment on your account for services provided on [Date of Service].

The details of the overpayment are as follows:

- **Service Description:** [Service Name]
- **Insurance Payment:** $[Amount]
- **Original Patient Payment:** $[Amount]
- **Refund Amount Due:** $[Refund Amount]

Please find the enclosed check for the refund amount listed above. If you paid via credit card, the refund has been processed back to your original payment method, and you should see the credit within [Number] business days.

If you have any questions regarding this adjustment or your account balance, please contact our billing department at [Phone Number] or [Email Address].

Sincerely,

[Sender Name]
[Title]
[Practice/Facility Name]