[Date]

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

Re: Refund for Duplicate Payment - Account #[Account Number]

Dear [Patient Name],

We are contacting you regarding a recent audit of your billing account. Our records indicate that a duplicate payment was received for services provided on [Date of Service].

Because this resulted in an overpayment, we have issued a refund to you. Please find the enclosed check in the amount of $[Refund Amount].

Check Details:
Check Number: [Check Number]
Amount: $[Amount]

We apologize for any inconvenience this may have caused. If you have any questions regarding this refund or your account balance, please contact our billing department at [Phone Number] between [Hours of Operation].

Sincerely,

[Your Name/Department]
[Practice/Facility Name]

Enclosure: Check #[Check Number]