[Hospital or Clinic Name]
[Billing Department Address]
[City, State, Zip Code]
[Phone Number]

[Date]

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

Subject: Refund for Account #[Account Number]

Dear [Patient Name],

We are writing to inform you that a recent review of your account shows a credit balance in the amount of $[Amount]. This credit is the result of an overpayment by [you / your insurance provider] for services rendered on [Date of Service].

Please find the enclosed check for the full refund amount. Below are the details regarding this transaction:

- **Patient Name:** [Patient Name]
- **Account Number:** [Account Number]
- **Refund Amount:** $[Amount]
- **Check Number:** [Check Number]

No further action is required on your part. We recommend keeping this letter and the check stub for your personal financial records.

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

Sincerely,

[Name/Signature]
[Title]
[Billing Department Name]

Enclosure: Check #[Check Number]