[Date]

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

Subject: Notification of Deductible Overpayment and 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 for services provided on [Date of Service].

This overpayment occurred because your insurance provider applied a different amount toward your annual deductible than what was initially estimated at the time of service. As a result, you have a credit balance on your account.

Refund Details:

- Date of Service: [Date]
- Amount Paid: $[Amount]
- Insurance Responsibility: $[Amount]
- **Refund Amount: $[Refund Amount]**

Please find the enclosed check for the refund amount listed above. If you prefer to have this credit applied to a future balance or if you have questions regarding this notice, please contact our billing department at [Phone Number] between the hours of [Hours of Operation].

Thank you for choosing [Practice/Facility Name] for your healthcare needs.

Sincerely,

[Name/Department]
[Practice/Facility Name]
[Contact Information]