[Date]

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

**Subject: Refund for Cancelled Procedure - [Account Number]**

Dear [Patient Name],

This letter is to inform you that we have processed a refund regarding your cancelled procedure, [Name of Procedure], originally scheduled for [Date of Procedure].

As the procedure was not performed, the prepayment of $[Amount] has resulted in an overpayment on your account. We have issued a refund in the amount of $[Refund Amount].

**Refund Details:**

- Refund Method: [Check / Credit Card Reversal / Other]
- Transaction Date: [Date]
- Reference Number: [Number]

If the refund was issued to a credit card, please allow 5-10 business days for the credit to appear on your statement. If by check, you should receive it at the address above within 14 business days.

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

Sincerely,

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