[Date]

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

Subject: Refund for Overpayment - Account #[Account Number]

Dear [Guarantor Name],

We are writing to inform you that a recent review of your account for patient [Patient Name] has identified an overpayment in the amount of $[Amount].

This credit balance was created due to [Reason for Overpayment, e.g., an insurance adjustment / a duplicate payment].

Please find enclosed a check for the full refund amount of $[Amount].

Refund Details:

- Patient Name: [Patient Name]
- Date of Service: [Date of Service]
- Check Number: [Check Number]
- Refund Amount: $[Amount]

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

Sincerely,

[Your Name/Department]
[Organization Name]

Enclosure: Check #[Check Number]