

[Clinic Name]  
[Clinic Address]  
[City, State, Zip Code]  
[Phone Number]

[Date]

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

**RE: Confirmation of Account Settlement**

Patient Account Number: [Account Number]  
Final Payment Date: [Date of Final Payment]

Dear [Patient Name],

This letter serves as formal confirmation that your account with [Clinic Name] has been paid in full. We have received your final payment in the amount of \$[Amount].

As of [Current Date], your outstanding balance is \$0.00. No further payments are required for services rendered through [Date of Last Service].

We have updated our records to reflect this status. If you had any outstanding reports with credit bureaus regarding this specific account, we will notify them that the balance has been satisfied.

Please retain this letter for your personal financial records. If you have any questions, please contact our billing department at [Phone Number].

Thank you for choosing [Clinic Name] for your healthcare needs.

Sincerely,

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