

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

RE: Account Number: [Account Number]

Dear [Patient Name],

This letter serves as official confirmation that your account with [Name of Medical Facility/Practice] has been paid in full.

As of [Current Date], our records indicate that your account balance is **\$0.00**. No further payments are required for services rendered through [Date of Last Service].

Please keep this letter for your personal records. If you have any questions regarding your billing history or if you believe there is an error, please contact our billing department at [Phone Number] or [Email Address].

Thank you for choosing [Name of Medical Facility/Practice].

Sincerely,

[Name of Sender]

[Title/Billing Department]

[Name of Medical Facility/Practice]