

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Notification of Payment Completion

Dear [Patient Name],

This letter is to formally confirm that we have received the final payment for your recent healthcare treatment provided on [Date of Treatment/Service].

Account Summary:

- **Patient ID:** [Account Number]
- **Invoice Number:** [Invoice Number]
- **Total Treatment Cost:** \$[Total Amount]
- **Amount Paid:** \$[Amount Paid]
- **Remaining Balance:** \$0.00

Your account for this specific treatment is now paid in full. No further action is required from your side regarding this balance. Please keep this letter for your personal records or for insurance purposes.

If you have any questions regarding your billing history or future services, please contact our billing department at [Phone Number] or via email at [Email Address].

Thank you for choosing [Healthcare Facility Name] for your medical needs.

Sincerely,

[Sender Name/Signature]

[Title/Department]

[Healthcare Facility Name]