

[Clinic Name]
[Clinic Address]
[Phone Number]
[Email Address]

[Date]

[Patient Name]
[Patient Address]

Subject: Confirmation of Account Settlement

Dear [Patient Name],

We are writing to confirm that we have received your payment in the amount of \$[Amount] on [Date].

This payment successfully settles the outstanding balance on your account. Your current balance with [Clinic Name] is now \$0.00.

Thank you for your prompt attention to this matter. We appreciate your cooperation and your continued trust in our dental care services.

If you have any questions regarding your statement or if you would like to schedule your next appointment, please feel free to contact our office at [Phone Number].

Sincerely,

[Your Name/Billing Department]
[Clinic Name]