

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

RE: Notice of Payment in Full

Account Number: [Account Number]

Date of Service: [Date of Service]

Total Amount Paid: \$[Amount]

Dear [Patient Name],

This letter serves as formal acknowledgment that we have received your final payment for the medical services provided on [Date of Service].

We confirm that your account for this specific date of service is now **paid in full**. Your balance is currently \$0.00, and no further payments are required at this time.

Please keep this letter for your personal records as proof of payment. If you have any questions regarding your account or future services, please contact our billing department at [Phone Number].

Thank you for choosing [Medical Practice/Hospital Name].

Sincerely,

[Staff Name/Department]

[Medical Practice/Hospital Name]

[Billing Office Phone Number]