

[Date]

[Parent/Guardian Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Re: Final Payment Confirmation for [Patient Name]

Dear [Parent/Guardian Name],

We are writing to formally confirm that we have received the final payment for the medical services provided to [Patient Name] at [Clinic Name].

Payment Details:

- Date of Final Payment: [Date]
- Amount Received: \$[Amount]
- Payment Method: [Check/Credit Card/Insurance Settlement]
- Account Balance: \$0.00

This letter serves as official notice that your account is now paid in full. No further payments are required for the dates of service ending on [Date].

Thank you for choosing [Clinic Name] for your child's healthcare needs. If you have any questions or require a detailed itemized statement, please contact our billing department at [Phone Number].

Sincerely,

[Staff Name/Billing Department]

[Clinic Name]

[Phone Number]