

[Clinic Name]
[Clinic Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

RE: Confirmation of Debt Settlement

Account Number: [Account Number]
Settlement Amount Paid: \$[Amount]
Date of Payment: [Date]

Dear [Patient Name],

This letter serves as official confirmation that the outstanding balance on your account with [Clinic Name] has been settled in full.

We have received your payment of \$[Amount], which was accepted as the final settlement for the services provided on [Date of Service]. Your account now shows a balance of \$0.00.

We have notified our billing department and any relevant third-party agencies that this debt is satisfied. Please retain this letter for your personal records as proof of payment.

If you have any questions regarding this matter, please contact our billing office at [Phone Number].

Sincerely,

[Signature]
[Name of Billing Manager/Representative]
[Clinic Name]