

[Healthcare Provider Name]

[Department/Billing Office]

[Street Address]

[City, State, Zip Code]

[Phone Number]

[Email/Website]

[Date]

Patient Name: [Patient Full Name]

Patient ID/Account Number: [Account Number]

Statement Period: [Start Date] to [End Date]

Dear [Patient Name],

This letter serves as official notification regarding the status of your account with **[Healthcare Provider Name]** for services rendered on **[Service Date(s)]**.

We are pleased to inform you that your account has been reviewed and currently shows a **Zero (\$0.00) Balance**. All applicable payments from insurance providers and personal out-of-pocket contributions have been processed and applied in full.

Account Summary:

- Total Charges: \$[Amount]
- Insurance Payments/Adjustments: \$[Amount]
- Patient Payments: \$[Amount]
- **Remaining Balance: \$0.00**

No further action is required from you at this time. Please retain this letter for your personal financial or insurance records.

If you have any questions regarding your billing history or if you believe there is an error, please contact our billing department at [Phone Number] during regular business hours.

Thank you for choosing [Healthcare Provider Name] for your healthcare needs.

Sincerely,

[Staff Name/Billing Manager]

[Department Name]

[Healthcare Provider Name]