

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

RE: Notice of Account Satisfaction

Patient Account Number: [Account Number]

Dear [Patient Name],

This letter is to formally notify you that your financial obligation for the account listed above has been fulfilled in full.

We have received your final payment of \$[Amount] on [Date]. As of this date, your account balance is \$0.00. No further payments are required for the services rendered between [Start Date] and [End Date].

If this account was previously referred to an external collection agency, we have notified them that the debt is satisfied and requested that they update their records accordingly.

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

Thank you for your cooperation.

Sincerely,

[Name of Billing Representative/Manager]

[Department Name]

[Healthcare Facility Name]