

[Your Name/Company Name]
[Address]
[City, State, Zip Code]
[Phone Number]

[Date]

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

Subject: Outstanding Balance After Insurance Processing

Dear [Patient/Client Name],

We are writing to provide an update regarding your account for services rendered on [Date of Service].

We have received a response from your insurance provider, [Insurance Company Name]. According to the Explanation of Benefits (EOB) provided by them, a portion of the total charges has been applied to your responsibility. This may be due to a deductible, co-insurance, or non-covered services.

Account Summary:

- Total Charges: \$[Amount]
- Insurance Payment: \$[Amount]
- Insurance Adjustment: \$[Amount]
- **Remaining Patient Balance: \$[Amount]**

Please remit the remaining balance of \$[Amount] by [Due Date].

You may pay your bill by:

- Mailing a check to the address listed above.
- Calling our office at [Phone Number] to pay via credit card.
- Paying online at [Website URL, if applicable].

If you have already sent your payment, please disregard this notice. If you have questions regarding how your insurance processed this claim, please contact your insurance carrier directly. For questions regarding your billing statement, please call our billing department at [Phone Number].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name/Department]
[Company Name]