

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient Address: [Insert Address]

Account Number: [Insert Account Number]

Subject: Notification Regarding Preventive Wellness Service Billing

Dear [Patient Name],

This letter is to inform you that we have recently processed the billing for your preventive wellness visit held on [Date of Service].

Under most insurance plans, preventive services (such as annual physicals or screenings) are covered at 100%. However, please be advised of the following regarding your recent statement:

- **Preventive Portion:** The routine wellness examination was billed to your insurance as a preventive service.
- **Diagnostic/Additional Services:** If additional health concerns were discussed or diagnostic tests were ordered during this visit that fall outside the scope of "preventive care," your insurance may apply these costs to your deductible or co-payment.

Summary of Charges:

Total Amount Billed: \$[Amount]

Insurance Adjustment: \$[Amount]

Patient Responsibility: \$[Amount]

If you have questions regarding why a specific portion of your visit was not covered as preventive care, we recommend contacting your insurance provider directly to review your specific plan benefits.

For questions regarding payment options or to settle your balance, please contact our billing department at [Phone Number] or visit our online portal at [URL].

Thank you for choosing [Practice Name] for your healthcare needs.

Sincerely,

[Name/Department]

[Practice Name]

[Contact Information]