

[Date]

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

**RE: Notice of Duplicate Payment and Refund Request**

Policy Number: [Policy Number]  
Claim Number: [Claim Number]  
Date of Service: [Date of Service]

Dear [Policyholder Name],

We are writing to notify you that a duplicate payment was issued regarding the claim referenced above. Our records indicate that two separate payments were processed for the same service, resulting in an overpayment.

**Payment Details:**

- First Payment Amount: \$[Amount] (Paid on [Date])
- Second Payment Amount: \$[Amount] (Paid on [Date])
- **Total Refund Due: \$[Amount]**

We kindly request that you return the overpaid amount of \$[Amount] to us at your earliest convenience. Please make your check or money order payable to [Company Name] and include your Claim Number on the memo line.

Please mail the refund to the following address:

[Company Name]  
Attn: Billing/Refund Department  
[Mailing Address]  
[City, State, Zip Code]

If you believe this notice is in error, or if you have already sent the refund, please contact our Customer Service Department at [Phone Number] between [Hours of Operation].

Thank you for your prompt attention to this matter.

Sincerely,

[Sender Name/Department]  
[Company Name]