LETTER TO PATIENT *(responsibility notice)*

Date

Patient:
Date of Service:
Insurance Carrier:

Dear

As you know, we have filed your charges with your insurance carrier. We have been notified of the following:

1. There is no insurance coverage and your claim was denied.
2. Our charges have been applied to your deductible.
3. Your policy was cancelled on _____.
4. Your claim is pending due to lack of information from you.
5. Insurance has paid and the amount due is your responsibility.
6. Your insurance carrier has paid you directly.
7. Other: _____

_____

_____

Please remit $_____. If you have any questions, please feel free to contact our office. Thank you for your immediate attention to this matter and your cooperation is greatly appreciated.

Sincerely,

Insurance Department