Dental Patient Refund Letter

Dr. Name

Address

City, State & Zip

Date

Patient Name

Address

City, State & Zip

Dear Patient;

Enclosed, please find a refund check for you in the amount of $(xx.xx).

Our records do show you made a personal payment prior to an insurance payment.

Your insurance company’s payment and our contractual adjustment as resulted in an over

payment on your part.

Sincerely,

Your Name

Your Title