Patient Responsibility After Insurance

Subject: Your Responsibility After Insurance Processing

Dear [Patient Name],

We have received a response from your insurance company regarding the services you received on [Date]. Your insurance has processed the claim, and we're writing to inform you of your remaining responsibility.

Account Summary:

Total Charges: $[Amount]

Insurance Payment: $[Amount]

Insurance Adjustment: $[Amount]

Your Responsibility: $[Amount]

Explanation:

Your insurance company has applied $[Amount] toward your deductible and/or determined that $[Amount] is your co-insurance responsibility based on your policy benefits. This amount is now due from you.

The enclosed Explanation of Benefits (EOB) from your insurance company provides detailed information about how they processed this claim. If you have questions about what your insurance covered or why you owe this amount, we recommend contacting your insurance company directly at the customer service number on your insurance card.

Payment is due within 30 days. You may pay online through our patient portal, by phone at [Phone Number], by mail, or in person. If you need to arrange a payment plan, please contact our billing office.

Thank you for your prompt attention to this matter.

Sincerely,

[Practice Name]

Billing Department

[Contact Information]