

Healthcare Payment Acknowledgment Letter

Subject: Payment Received - Account #[Patient Account Number]

Dear [Patient Name],

We confirm receipt of your payment for medical services rendered at [Medical Facility Name].

Payment Information:

- Patient Account: #[Account Number]
- Service Date(s): [Date(s) of Service]
- Amount Paid: \$[Payment Amount]
- Payment Date: [Date Received]
- Applied to: [Specific services/procedures]

Your current account balance is \$[Remaining Balance/Paid in Full]. This receipt serves as official documentation of your payment for insurance and tax purposes.

If you need additional copies of this confirmation or have billing questions, please contact our Patient Financial Services at [Phone Number].

Thank you for choosing [Medical Facility Name] for your healthcare needs.

Sincerely,

[Billing Department Representative]

[Medical Facility Name]

[Contact Information]

Get more templates here: <https://www.lettersandtemplates.com/letters/payment-confirmation-letter>