



Phone: 608-728-3954

Fax: 608-299-1754

Email: brandon@daymedicalbilling.com

Dear (*Patient Name*),

A statement regarding the status of your account is attached to this letter. This statement covers what has paid on your account by both your insurance company and your monthly payments. As of your most recent payment, you owe (*given dollar amount*) on your account.

According to your payment plan, you owe (*given dollar amount*) by the last day of this month. Please continue to make your checks payable to (*given practice/doctor*), and mail them to Day Medical Billing at 1823 Virginia Street, Beloit, WI 53511. If you have any questions, please contact me either by calling 608-728-3954 or emailing brandon@daymedicalbilling.com.

Sincerely,

A handwritten signature in black ink that reads "Brandon Day".

Brandon Day

Phone: 608-728-3954

Fax: 608-299-1754

Email: brandon@daymedicalbilling.com