



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 your insurance company has paid on your account. I have received and reviewed the Explanation of Benefits from your insurance company and can confirm that you owe *(given dollar amount)* on your account. Your insurance covered *(given dollar amount)* according to your policy.

To set up a payment plan, please contact me either by calling 608-728-3954 or emailing brandon@daymedicalbilling.com. Once your payment plan is set up, payments will be expected by the last day of each month. Make your checks payable to *(given practice/doctor)*, and mail them to Day Medical Billing at 1823 Virginia Street, Beloit, WI 53511.

Sincerely,

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

Brandon Day

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