



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 do not owe anything on your account. Your insurance covered (*given dollar amount*) according to your policy.

If you have any questions regarding your statement, 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". The signature is written in a cursive style.

Brandon Day

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