

SAMPLE CHECK REFUND LETTER

Date: _____

Name: _____

Address: _____

City, State, Zip Code: _____

Dear _____,

On (date) _____, we received your payment of (amount) \$ _____ on check number _____. The information listed on the check indicated payment was being made for (patient name) _____ for service dates _____.

This payment is in excess, (or is a duplicate payment) for the claim amount due of \$ _____. Attached is a check for the amount of the overpayment.

If you have any questions, please call me at (phone number) _____.

Sincerely,

Patient Account Representative