Continuum Logo.gif

Choose an item.

Dear      ,

We are refunding your payment for the following patient due to the reason indicated below.

Patient Name:

Account Number:       Insurance Contract ID:

Amount of Refund: $

Reason for Refund:

Choose an item.

Dates of Service:

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |

Comments:

Please call our office at 480.503.2010 if you have any questions regarding this refund.