

Billing Office: 2454 West Clay

St. Charles, MO 63301-2548

P: (636) 916-4625

F: (636) 916-4628

July 3, 2019

Dear      ,

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

Patient Name:

Account Number:

Amount of Refund: $

Reason for Refund:

Choose an item.

Dates of Service:

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Comments:

Please call our office at the number listed at the top of the page if you have any questions regarding this refund.