MM/DD/YYYY

Patient.FirstName Patient.LastName

Patient.Address1

Patient.Address2 (remove this line if null)

Patient.City, UsState.StateCode Patient.PostalCode

Notice of Non-Payment

Dear Patient.FirstName,

Bridgeport Pharmacy Services does the pharmacy billing for Pharmacy.PharmacyName. We have billed your insurance carrier and have received a denial of payment based on the results of an independent medical examination. We have enclosed the letter from Payor.GroupName for your reference.

Will you contact me or one of my colleagues at the number below so that we may be able to get this matter resolved. If you are represented by an attorney, will you please contact us at the number below and provide their contact information so that we have this bill included in your settlement negotiations.

Thank you for your assistance.

Sincerely,

AspNetUsers.FirstName Asp.NetUsers.LastName

Bridgeport Pharmacy Services

(844) 480-5630

Fax # (844) 480-5631