MM/DD/YYYY

Patient.FirstName Patient.LastName

Patient.Address1

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 notice that this charge was applied to your deductible. We have enclosed the letter from Payor.BillToName for your reference, as well as a copy of the invoice.

Please contact our office to make payment arrangements. We will not be able to cover your medications at the pharmacy until a payment plan has been made.

Thank you for your assistance.

Sincerely,

AspNetUser.FirstName Asp.Users.LastName

Bridgeport Pharmacy Services

(844) 480-5630 AspNetUsers.Extension

Fax # (844) 480 5631