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 a denial of payment.

If you know of other parties that could assist us in the payment of your medications, please contact us at the number below.

Thank you for your assistance.

Sincerely,

AspNetUsers.FirstName Asp.NetUsers.LastName

Bridgeport Pharmacy Services

(844) 480-5630 AspNetUsers.Extension

Fax # (844) 480 5631