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. We have enclosed the letter from Payor.GroupName for your reference.

Please 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, please contact us at the number below and provide their contact information so that we may 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 AspNetUsers.Extension

Fax # (844) 480 5631