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 notification that your claim is under investigation. We have enclosed the letter from Payor.GroupName for your reference.

Sincerely,

AspNetUsers.FirstName Asp.NetUsers.LastName

Bridgeport Pharmacy Services

(844) 480-5630 AspNetUsers.Extension

Fax # (844) 480 5631