

DATE

NAME

ADDRESS

City, ST ZIP

Dear X:

Per your request, our office staff reviewed the procedures documented in the medical records for pediatric services rendered on **INSERT DATE** for **INSERT NAME OF CHILD**. The visit was found to have been billed correctly.

The providers at **INSERT NAME OF PRACTICE** follow the federal guidelines for coding procedures billed to your insurance company and the guidelines of the American Academy of Pediatrics for medical policy. If you have any questions about the services that are reasonable and customary in pediatric practices, please call our office at **INSERT PHONE NUMBER** any time before or after your visit. If you have questions about the coverage that you have with your company, please contact your member services.

Please submit payment in the amount of **\$XXX** by **INSERT DATE**. If you are unable to pay the total balance at once, please contact **INSERT NAME OF STAFF** and we can set up a payment plan.

Sincerely,

XXXX

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