

No-Billing Confirmation

Date: [Insert Date]

[Beneficiary's Name]

[Beneficiary's Address]

[City, State, Zip Code]

Dear [Beneficiary's Name],

We are writing to confirm that there will be no billing for the services received under your account with us. This decision is in acknowledgment of your existing coverage or plan that meets the eligibility criteria for no charge.

Please find the details of your account below:

- Account Number: [Insert Account Number]
- Service Period: [Insert Service Period]

If you have any questions or need further clarification, please do not hesitate to contact us at [Insert Contact Information].

Thank you for your understanding.

Sincerely,
[Your Name]
[Your Title]
[Your Organization]
[Contact Information]