

# Clinical Service Cost Estimation

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Position]

[Recipient's Organization]

[Recipient's Address]

Dear [Recipient's Name],

We are pleased to provide you with an estimation of costs for the clinical services requested. Below are the details of the proposed services:

## Service Details

- Service 1: [Description] - Estimated Cost: \$[amount]
- Service 2: [Description] - Estimated Cost: \$[amount]
- Service 3: [Description] - Estimated Cost: \$[amount]

## Total Estimated Cost: \$[total amount]

Please note that this is an estimation and actual costs may vary based on [mention any factors that could affect cost]. If you have any questions or need further clarification, feel free to reach out to us.

Thank you for considering our clinical services.

Sincerely,

[Your Name]

[Your Position]

[Your Organization]

[Your Contact Information]