

Telehealth Billing and Insurance Information

Date: [Insert Date]

Dear [Patient's Name],

Thank you for choosing our telehealth services. Below you will find important billing and insurance information regarding your recent consultation.

Appointment Details

Date of Service: [Insert Date]

Provider: [Insert Provider's Name]

Service Rendered: [Insert Description of Service]

Billing Information

Total Charge: \$[Insert Amount]

Co-pay: \$[Insert Amount] (if applicable)

Insurance Information

Please contact your insurance provider to verify coverage for telehealth services. Here are the details you may need:

- Provider Name: [Insert Provider's Name]
- NPI Number: [Insert NPI Number]
- Billing Code: [Insert Billing Code]

Payment Instructions

Payments can be made via [Insert Payment Method]. Please reference your patient ID: [Insert Patient ID] when making a payment.

If you have any questions or concerns, please do not hesitate to contact our billing department at [Insert Contact Information].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Practice Name]

[Contact Information]