

Insurance Co-Payment Agreement

Date: [Insert Date]

To: [Service Provider's Name]

Address: [Service Provider's Address]

Dear [Service Provider's Name],

This letter serves as an agreement between [Insurance Company Name] and [Service Provider's Name] regarding the co-payment obligations for services provided to members of our insurance plan.

Terms of Agreement

- **Co-Payment Amount:** [Insert Co-Payment Amount]
- **Effective Date:** [Insert Effective Date]
- **Duration:** [Insert Duration of Agreement]
- **Service Description:** [Describe Services Covered]

Both parties agree to the terms outlined above and acknowledge that the co-payment will be collected at the time of service. This agreement will be reviewed annually and may be adjusted by mutual consent.

Thank you for your cooperation.

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]

[Contact Information]