

Welcome to Our Practice!

Dear New Patient,

Thank you for choosing our practice for your healthcare needs. To ensure a smooth experience during your visit, please find below the co-payment instructions associated with your insurance plan:

Co-Payment Details:

- **Insurance Provider:** [Insurance Company Name]
- **Co-Payment Amount:** \$[Amount]
- **Co-Payment Due:** At the time of your appointment

Payment Methods:

You can make your co-payment through the following methods:

- Credit/Debit Card
- Cash
- Check (made payable to [Practice Name])

Additional Information:

If you have questions regarding your insurance coverage or co-payment, please contact your insurance provider directly or reach out to our office at [Office Phone Number].

We look forward to seeing you soon!

Sincerely,

[Your Practice Name]

[Office Address]

[Office Phone Number]