

# Co-Payment Notification

Dear [Patient's Name],

We would like to inform you that your upcoming service scheduled for [Date of Service] at [Provider's Name or Facility] will require a co-payment of [Co-Payment Amount].

Please ensure that you bring this amount with you on the day of your appointment. If you have any questions regarding your co-payment or your insurance coverage, feel free to contact us at [Insurance Company Phone Number] or [Insurance Company Email Address].

Thank you for your attention to this matter.

Sincerely,  
[Your Name]  
[Your Title]  
[Insurance Company Name]  
[Contact Information]