

Radiology Services Billing Information Update

Date: [Insert Date]

Dear [Patient's Name],

We hope this message finds you well. We are writing to inform you of an important update regarding your billing information for radiology services provided on [Insert Service Date].

To ensure that we have the most accurate and up-to-date information for your account, please review the details below:

Updated Billing Information

- **Account Number:** [Insert Account Number]
- **New Billing Address:** [Insert New Billing Address]
- **Insurance Provider:** [Insert Insurance Provider]
- **Policy Number:** [Insert Policy Number]

If any of the above information is incorrect or if you have additional updates, please contact our billing department at [Insert Phone Number] or [Insert Email Address] at your earliest convenience.

Thank you for your prompt attention to this matter. We appreciate your cooperation and understanding.

Sincerely,

[Your Name]

[Your Title]

[Radiology Services Provider Name]

[Contact Information]