

# Insurance Co-Payment Acknowledgment

Date: **[Date]**

Client Name: **[Client Name]**

Address: **[Client Address]**

Policy Number: **[Policy Number]**

Dear [Client Name],

We acknowledge receipt of your copayment of **\${[Amount]}** for the services rendered on **[Service Date]**. This co-payment is a part of your insurance policy with **[Insurance Company Name]**.

Please retain this letter for your records. If you have any questions or need further assistance, do not hesitate to reach out to our office.

Thank you for choosing [Insurance Company Name].

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]

[Contact Information]