

Insurance Co-Payment Arrangement Letter

Date: [Insert Date]

To: [Partner's Name]

[Partner's Address]

[City, State, Zip Code]

Dear [Partner's Name],

We hope this letter finds you well. We are writing to formally outline the co-payment arrangement regarding your recent insurance coverage.

As agreed upon, the co-payment amounts for each service rendered will be as follows:

- Service 1: \$[Amount]
- Service 2: \$[Amount]
- Service 3: \$[Amount]

This co-payment arrangement will take effect starting [Effective Date] and will be valid until [End Date]. Please ensure that the agreed amounts are remitted within [Payment Due Timeline] to avoid any interruptions in services.

Should you have any questions or need further clarification, please do not hesitate to reach out to us at [Contact Information]. We appreciate your partnership and look forward to continuing our collaboration.

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]

[Insurance Company Address]

[Phone Number]

[Email Address]