

Co-Payment Details for Your Insurance Coverage

Date: [Insert Date]

Dear [Beneficiary's Name],

We hope this message finds you well. As a valued member of our insurance plan, we are writing to provide you with important details regarding your co-payment responsibilities for your upcoming treatments and services.

Co-Payment Information

Below are the details of your co-payments:

Service Type	Co-Payment Amount
Primary Care Visit	[\$Amount]
Specialist Visit	[\$Amount]
Emergency Room Visit	[\$Amount]
Prescription Medications	[\$Amount]

Please ensure that you are aware of these amounts prior to your appointments. Co-payments are due at the time of service.

If you have any questions or require further clarification, please do not hesitate to contact our customer service team at [Customer Service Phone Number] or [Email Address].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Your Name]
[Your Position]
[Insurance Company Name]
[Contact Information]