

# Insurance Co-Payment Summary

Date: [Insert Date]

To: [Family's Name]

Address: [Family's Address]

**Dear [Family's Name],**

We hope this message finds you well. Attached below is the summary of your co-payments for the current insurance period.

## Co-Payment Summary

Member Name	Provider Name	Date of Service	Co-Payment Amount
[Member 1]	[Provider 1]	[Date 1]	[Amount 1]
[Member 2]	[Provider 2]	[Date 2]	[Amount 2]

If you have any questions regarding this summary, please do not hesitate to contact us at [Contact Information].

**Thank you for being a valued member.**

Sincerely,  
[Insurance Company Name]