

Payment Confirmation

Dear [Patient's Name],

We are pleased to inform you that we have received your payment for your recent healthcare services. Below are the details of your transaction:

- **Patient ID:** [Patient ID]
- **Date of Payment:** [Date]
- **Payment Amount:** [Amount]
- **Payment Method:** [Credit Card/Insurance/Other]

Thank you for your prompt payment. If you have any questions, please do not hesitate to contact our billing department at [Phone Number] or [Email Address].

Best regards,

[Your Healthcare Facility Name]

[Address]

[Phone Number]

[Email Address]