

Physiotherapy Payment Information

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient Address: [Insert Patient Address]

Dear [Patient Name],

Thank you for choosing [Physiotherapy Clinic Name] for your physiotherapy needs. Below is a summary of your payment information:

Payment Information

- Session Date: [Insert Date of Service]
- Session Fee: \$[Insert Fee Amount]
- Total Amount Due: \$[Insert Total Amount]

Payment Methods

You can make your payment using the following methods:

- Credit/Debit Card
- Cash
- Cheque
- Online Transfer

If you have any questions regarding your payment or our services, please feel free to contact us at [Clinic Phone Number] or [Clinic Email Address].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Physiotherapy Clinic Name]