

# Confirmation of Altered Insurance Billing Schedule

Date: [Insert Date]

To: [Recipient Name]

[Recipient Address]

[City, State, Zip]

Dear [Recipient Name],

We are writing to confirm the alteration made to your insurance billing schedule.

Effective [Insert Effective Date], your new billing schedule will be as follows:

- Billing Frequency: [Monthly/Quarterly/Annually]
- New Due Date: [Insert Due Date]
- Payment Methods: [Insert Payment Methods]

If you have any questions or require further assistance, please do not hesitate to contact us at [Insert Contact Information].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Your Company]

[Your Contact Information]