

Date:

Dear

Thank you so much for allowing us the opportunity to service your hearing care needs. Our mission is to serve our patients better than anyone else. It is our desire to keep you satisfied with our services and products. During your visit today, the following services were rendered and/or products were delivered:

Description of services or products	Disposition	Cost

Actual value of visit:

Service Package Expiration Date: _____

Plan Coverage & Courtesy discounts:

Warranty Package Expiration Date: _____

Adjusted amount due:

You are a valued patient to us. We look forward to seeing you again soon, and please don't hesitate to call if we can be of further service. Thank you and we are always happy to serve you.

Warmest Regards,

Provider:

Comments:

Next Appointment Date and Time: (please complete by hand)	Monday	Tuesday	Wednesday	Thursday	Friday
	Month: _____	Day: _____	Time: _____	AM/PM	