

Third Party Insurer  
Address

Date

To Whom It May Concern:

Re: Invoice # \_\_\_\_\_

Please be advised that the above noted invoice(s) remain outstanding. Please remit payment (payable to WRHA) immediately to:

WRHA  
C/O PC Site Name  
PC Site address

Thank you for your prompt attention to this matter.

Sincerely,

Name, Team Manager

CC/ Provider Name and credentials