



Winnipeg Regional
Health Authority

Office régional de la
santé de Winnipeg

Site Name
Site Address
Winnipeg, Manitoba
Postal Code
Telephone:
Fax:

INTERNAL MEMO

Date:

To: _____
(Provider)

From: _____
(Designated Admin)

Subject: Notice of Outstanding Third Party Billing

Re: Invoice # _____ (attached for reference)

The above noted third party billing claim that you initiated has not be paid by the Insurer. The Third Party Insurer has been reminded twice – once by phone call, and once in writing.

This claim will be written off on our clinic records as of _____ (date), and no further reminders will be sent to the Third Party Insurer.

If this payment is received in the future, it will be processed as per usual.

Thank you.