

TRAVIS MEDICAL

Home Medical Equipment Specialists

To Whom It May Concern:

A review of our records shows an overpayment has been made to the account of:

Name:

Invoice(s):

In the amount of: \$

Date(s) of Service:

Travis Medical Sales Corporation is refunding the above referenced amount to you.

Check # _____ for \$ _____ is enclosed.

Please contact me at 512-275-9853 if you have any questions.

Sincerely,

Enclosure: Check

1104 W. 34th St.
Austin, TX 78705
512-458-4589