

[Your Clinic/Hospital Name]  
[Billing Department Address]  
[City, State, Zip Code]  
[Phone Number]

[Date]

[Patient Name]  
[Patient Address]  
[City, State, Zip Code]

**Subject: Statement of Outstanding Balance**

Dear [Patient Name],

This is a friendly reminder regarding your outstanding balance for medical services provided on [Date of Service].

Our records indicate that there is an unpaid balance of \$[Amount Due] on your account (Account Number: [Account Number]). This amount reflects the remaining balance after any insurance payments or adjustments have been applied.

We kindly request that you submit payment at your earliest convenience. You may pay your bill using one of the following methods:

- **Online:** [Website URL]
- **Phone:** Call us at [Phone Number]
- **Mail:** Send a check to the address listed above

If you have already sent your payment, please disregard this notice. If you believe there is an error with this statement or if you would like to discuss a payment plan, please contact our billing office at [Phone Number] between [Hours of Operation].

Thank you for choosing [Your Clinic/Hospital Name] for your healthcare needs.

Sincerely,

[Name/Department]  
[Your Clinic/Hospital Name]