

[Clinic Name]
[Clinic Address]
[City, State, Zip Code]
[Phone Number]
[Date]

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

RE: Account Number: [Account Number]
Statement Date: [Date]
Outstanding Balance: \$[Amount Due]

Dear [Patient Name],

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

According to our records, your account currently has an unpaid balance of \$[Amount Due]. This amount is now due for payment. We have included a copy of your itemized statement for your review.

Please submit your payment using one of the following methods:

- **Online:** Visit [Website URL] and log into the patient portal.
- **By Phone:** Call our billing department at [Phone Number].
- **By Mail:** Send a check or money order in the enclosed envelope.

If you have already sent your payment, please disregard this notice. If you are experiencing financial hardship or have questions regarding your insurance coverage for these services, please contact our billing office at [Phone Number] so we can discuss payment plan options.

Thank you for your prompt attention to this matter and for choosing [Clinic Name].

Sincerely,

[Sender Name/Billing Department]
[Clinic Name]