

[Your Facility Name]
[Billing Department Address]
[City, State, Zip Code]
[Phone Number]
[Date]

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

RE: Notice of Outstanding Balance

Account Number: [Account Number]
Patient Reference: [Patient Name/ID]
Balance Due: \$[Amount]

Dear [Patient Name],

This letter is to inform you that your account with [Your Facility Name] for services provided on [Date of Service] is currently past due. Our records indicate an outstanding balance of \$[Amount].

We understand that medical billing can be complex. If you have already sent your payment or if this balance has been covered by your insurance provider, please disregard this notice. Otherwise, we kindly ask that you remit payment in full by [Due Date].

Payment Options:

- **Online:** Visit [Website URL] and use your Account Number listed above.
- **By Phone:** Call our billing office at [Phone Number].
- **By Mail:** Send a check or money order to the address listed at the top of this letter.

If you are experiencing financial hardship or need to discuss a payment plan, please contact our billing department immediately. We are committed to working with you to resolve this matter.

Thank you for your prompt attention to this account.

Sincerely,

[Name/Department]
[Your Facility Name]