

[Clinic or Hospital 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]
Statement Date: [Date of Service]
Amount Due: \$[Total Amount]

Dear [Patient Name],

Our records indicate that we have not yet received payment for medical services provided on [Date of Service]. This is a friendly reminder that your balance of \$[Total Amount] is currently past due.

We understand that medical billing can be complex. If you have already sent your payment, please disregard this notice. If you have insurance coverage that you believe should have paid this claim, please contact us immediately to update your information.

Payment Options:

- **Online:** [Website URL]
- **By Phone:** [Phone Number]
- **By Mail:** Please detach the bottom portion of your statement and mail it with your check to the address listed above.

If you are experiencing financial hardship and are unable to pay the full amount at this time, please contact our billing office. We offer payment plans and financial assistance programs to help manage your costs.

Thank you for your prompt attention to this matter.

Sincerely,

[Name/Department]
[Clinic or Hospital Name]