

[Medical Practice Name]
[Practice Address]
[City, State, Zip Code]
[Phone Number]

[Date]

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

Re: Statement of Account for [Patient Name]
Account Number: [Account Number]
Balance Due: \$[Amount]

Dear [Patient Name],

This is a friendly reminder that your account with [Medical Practice Name] is currently past due. Our records indicate that we have not yet received payment for the services provided on [Date of Service].

We understand that sometimes bills can be overlooked. If you have already sent your payment, please disregard this notice and accept our thanks.

If you have not yet made a payment, please remit the balance of \$[Amount] by [Due Date] to keep your account in good standing. You may pay by mail using the enclosed envelope, by calling our office at [Phone Number], or via our online portal at [Website URL].

If you are experiencing financial hardship or have questions regarding your insurance coverage for this visit, please contact our billing department immediately so we can discuss payment arrangements or resolve any discrepancies.

Thank you for your prompt attention to this matter and for choosing [Medical Practice Name] for your healthcare needs.

Sincerely,

[Billing Department/Name]
[Medical Practice Name]