

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Account Number: [Insert Account Number]

Invoice Number: [Insert Invoice Number]

Balance Due: [Insert Amount Due]

Dear [Insert Recipient Name],

This letter is a formal reminder regarding your outstanding balance for medical services provided on [Insert Date of Service]. According to our records, your payment of [Insert Amount Due] is now past due.

We understand that medical billing can be complex. If you have already submitted this payment or if your insurance provider is currently processing this claim, please disregard this notice. Otherwise, please remit payment in full by [Insert Due Date].

Payment Options:

- **Online:** [Insert Website URL]
- **By Phone:** [Insert Phone Number]
- **By Mail:** Please send a check to the address listed below.

If you are experiencing financial hardship or need to set up a payment plan, please contact our billing department at [Insert Phone Number] so we can assist you.

Thank you for your prompt attention to this matter.

Sincerely,

[Insert Name/Department]

[Insert Facility Name]

[Insert Address]

[Insert Phone Number]