

[Current Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Statement of Outstanding Balance

Dear [Patient Name],

This letter is to inform you that there is an outstanding balance of \$[Amount Due] on your account for services provided on [Date of Service].

According to our records, this balance is now past due. If you have already mailed your payment, please disregard this notice. If not, please submit your payment by [Due Date] to ensure your account remains in good standing.

Account Summary:

- Patient Account Number: [Account Number]
- Date of Service: [Date of Service]
- Total Amount Due: \$[Amount Due]

You may pay your bill using the following methods:

- Online: [Website URL]
- By Phone: [Phone Number]
- By Mail: Please send a check to the address listed at the top of this letter.

If you are experiencing financial hardship or have questions regarding your insurance coverage for this visit, please contact our billing department at [Phone Number] so we can discuss payment plan options.

Thank you for your prompt attention to this matter.

Sincerely,

[Billing Department Name]

[Facility Name]

[Phone Number]