

[Your Name/Organization Name]
[Address Line 1]
[Address Line 2]
[Phone Number]
[Date]

[Patient Name]
[Patient Address Line 1]
[Patient Address Line 2]

Re: Outstanding Balance for Account Number: [Account Number]

Dear [Patient Name],

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

Our records indicate that this amount is now past due. We understand that medical expenses can be unexpected. If you have already made this payment, please disregard this notice. If you believe your insurance provider should have covered this amount, please contact us immediately so we can update your billing information.

Payment Options:

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

If you are unable to pay the full amount at this time, we offer financial assistance programs and flexible payment plans. Please contact our Billing Office at [Phone Number] before [Due Date] to discuss available options.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name/Signature]
[Title]
[Organization Name]