

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

**RE: Notice of Unpaid Balance**

Dear [Patient Name],

This is a friendly reminder regarding your account with [Practice/Clinic Name]. According to our records, there is an outstanding balance for medical services provided on [Date of Service].

**Account Summary:**

Account Number: [Account Number]

Invoice Number: [Invoice Number]

Total Amount Due: \$[Amount]

Please remit your payment by [Due Date] using one of the following methods:

- Online via our patient portal: [URL]
- By phone at: [Phone Number]
- By mail using the enclosed envelope

If you have already sent your payment, please disregard this notice. If you have any questions regarding this bill or if you believe there is an error, please contact our billing department at [Phone Number] or [Email Address].

Thank you for your prompt attention to this matter.

Sincerely,

[Billing Department Name]

[Practice/Clinic Name]