

[Dental Practice Name]
[Address]
[Phone Number]
[Email/Website]

[Date]

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

Subject: Notification of Outstanding Balance - Account #[Account Number]

Dear [Patient Name],

We hope this letter finds you well. We are writing to provide a friendly reminder regarding an outstanding balance on your account for dental services provided on [Date of Service].

Our records indicate that there is a remaining balance of **#[Amount Due]**. This amount represents the portion of your treatment not covered by your insurance provider or the total due for services rendered.

Please remit payment at your earliest convenience. We offer the following payment options:

- **Online:** Visit [Website URL] and log into your patient portal.
- **Phone:** Call our billing department at [Phone Number] to pay via credit/debit card.
- **Mail:** Send a check or money order payable to [Dental Practice Name] using the enclosed envelope.

If you have already sent your payment, please disregard this notice. If you believe there is an error regarding this balance, or if you would like to discuss a payment plan, please contact our billing office at [Phone Number] between the hours of [Hours of Operation].

Thank you for choosing [Dental Practice Name] for your oral health needs.

Sincerely,

The Billing Department
[Dental Practice Name]