

[Practice Name]
[Practice Address]
[City, State, Zip Code]
[Phone Number]

[Date]

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

Re: First Notice of Delinquent Account

Dear [Patient Name],

This letter is to inform you that your account with [Practice Name] is currently past due. According to our records, there is an outstanding balance of \$[Amount] for services provided on [Date of Service].

It is possible that you have already sent your payment or that it was simply overlooked. If you have already made this payment, please disregard this notice and accept our thanks.

If you have not yet sent your payment, please do so at your earliest convenience. You may pay by mail, by phone at [Phone Number], or via our online portal at [Website URL].

If you are experiencing financial difficulties or have questions regarding your statement, please contact our billing department immediately so we can discuss payment options or clarify any concerns.

Thank you for your prompt attention to this matter and for choosing us for your dental care.

Sincerely,

[Billing Manager Name/Practice Name]
[Practice Name]