

[Practice Name]
[Practice Address]
[Phone Number]
[Date]

[Patient Name]
[Patient Address]

Subject: First Notice of Overdue Balance

Dear [Patient Name],

This is a friendly reminder that your account with [Practice Name] currently shows an outstanding balance of \$[Amount] for dental services provided on [Date of Service].

According to our records, this payment is now past due. If you have already sent your payment, please disregard this notice and accept our thanks.

If you have not yet made a payment, please do so at your earliest convenience. You may pay by:

- Sending a check or money order to our office.
- Calling us at [Phone Number] to pay by credit/debit card.
- [Optional: Visiting our online payment portal at [URL]].

If you have any questions regarding your bill or if you believe there is an error with your insurance coverage, please contact our billing department immediately so we can assist you.

Thank you for choosing us for your dental care.

Sincerely,

[Name/Department]
[Practice Name]