

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

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

Subject: Notice of Outstanding Balance

Dear [Patient Name],

This is a friendly reminder that according to our records, your account has an outstanding balance of \$[Amount Due] for services provided on [Date of Service].

We understand that life can be busy and this may have simply slipped your mind. We kindly request that you submit payment at your earliest convenience. If you have already sent your payment, please disregard this notice.

Account Summary:

- Invoice Number: [Invoice Number]
- Date of Service: [Date]
- Total Amount Due: \$[Amount Due]
- Due Date: [Date]

You can make a payment by:

- Mailing a check to the address listed above.
- Calling our office at [Phone Number] to pay via credit card.
- Paying online through our portal at [Website URL, if applicable].

If you have any questions regarding this statement or if you believe there is an error, please contact our billing department immediately so we can resolve the matter.

Thank you for choosing [Dental Practice Name] for your dental care.

Sincerely,

[Sender Name/Billing Department]
[Dental Practice Name]