

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

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

Subject: Outstanding Balance for Dental Services

Dear [Patient Name],

This is a friendly reminder regarding an outstanding balance on your account in the amount of \$[Amount]. This balance is for dental services provided on [Date of Service].

It is possible that you may have overlooked our initial statement or that it was lost in the mail. We kindly ask that you submit payment at your earliest convenience to bring your account up to date.

Payment Options:

- Pay by phone: [Phone Number]
- Pay by mail: Please send a check to the address listed above
- Pay online: [Website URL, if applicable]

If you have already sent your payment, please disregard this notice. If you have any questions regarding your bill or if you would like to discuss payment arrangements, please contact our billing department at [Phone Number].

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

Sincerely,

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