

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

[Date]

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

RE: Notice of Outstanding Balance

Dear [Patient Name],

This letter is to inform you that your account with [Your Dental Practice Name] is currently past due. Our records indicate an outstanding balance of \$[Amount] for dental services provided on [Date of Service].

We have previously sent statements regarding this balance but have not yet received payment. If you have already sent your payment, please disregard this notice.

Please remit the full payment by [Due Date] to bring your account up to date. You may pay by check, credit card over the phone, or via our online portal at [Website Link].

If you are experiencing financial difficulties or have questions regarding your insurance coverage for these services, please contact our billing office at [Phone Number] immediately so we can discuss a potential payment plan.

We value you as a patient and look forward to resolving this matter promptly.

Sincerely,

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

This is an attempt to collect a debt. Any information obtained will be used for that purpose.