

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

RE: Notice of Outstanding Balance - Account #[Account Number]

Dear [Patient Name],

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

We previously sent statements regarding this balance; however, we have not yet received payment or a response from you. We understand that medical bills can sometimes be overlooked, and we would like to help you resolve this matter promptly.

Payment Options:

- Pay by mail: Please send a check or money order to the address listed below.
- Pay by phone: Call us at [Phone Number] to pay via credit/debit card.
- Online payment: Visit [Website URL] and follow the payment instructions.

If you believe there is an error regarding this balance, or if your insurance provider was supposed to cover this claim, please contact our billing department immediately so we can update your file.

Please remit payment within [Number of Days, e.g., 10] days of the date of this letter to ensure your account remains in good standing. If payment has already been sent, please disregard this notice.

Thank you for your prompt attention to this matter.

Sincerely,

[Name/Signature]

Billing Department

[Dental Practice Name]

[Practice Address]

[Practice Phone Number]