

[Your Dental Practice Name]  
[Address Line 1]  
[City, State, Zip Code]  
[Phone Number]  
[Email Address]

[Date]

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

**Subject: Notice of Overdue Payment - Account #[Account Number]**

Dear [Patient Name],

Our records indicate that there is an outstanding balance of \$[Amount] on your account for dental services provided on [Date of Service].

This balance is now past due. If you have already sent your payment, please disregard this notice. Otherwise, we kindly ask that you settle this invoice at your earliest convenience.

You may pay your bill using the following methods:

- Online at: [Website URL]
- By phone: [Phone Number]
- By mail: Please make checks payable to [Dental Practice Name]

If you are experiencing financial difficulties or have questions regarding your insurance coverage for this visit, please contact our billing department so we can assist you with a payment plan.

Thank you for your prompt attention to this matter and for choosing [Your Dental Practice Name] for your dental care.

Sincerely,

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