

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

[Date]

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

Subject: First Notice Regarding Your Overdue Account

Dear [Patient Name],

This is a friendly reminder that your account with [Practice Name] is currently past due. Our records indicate an outstanding balance of **[\$Amount Due]** for dental services provided on [Date of Service].

We understand that sometimes invoices can be overlooked. If you have already sent your payment, please disregard this notice and thank you for your payment.

Otherwise, please submit your payment by [Due Date] to keep your account in good standing. You may pay by:

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

If you have any questions regarding this balance or if you would like to discuss a payment plan, please contact our billing department at [Phone Number].

Thank you for your prompt attention to this matter.

Sincerely,

[Name/Signature]
[Title]
[Practice Name]