

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

[Date]

[Patient Name]  
[Patient Address Line 1]  
[City, State, Zip Code]

**Re: ACCOUNT STATUS NOTICE - OVERDUE BALANCE**

Account Number: [Account Number]  
Total Balance Due: \$[Amount]

Dear [Patient Name],

This letter is to inform you that your account for medical services provided on [Date of Service] is currently past due. Our records indicate that we have not yet received payment for the balance listed above.

We understand that medical expenses can sometimes be unexpected. If you have already sent your payment, please disregard this notice. If not, please submit your payment in full by [Due Date].

**Payment Options:**

- Pay Online: [Website URL]
- Pay by Phone: [Phone Number]
- Pay by Mail: Please send a check or money order to the address listed at the top of this letter.

If you are experiencing financial hardship or have questions regarding your insurance coverage for these services, please contact our billing department immediately at [Billing Phone Number] to discuss a payment plan.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name/Department Name]  
[Practice Name]