

[Your Name/Organization Name]  
[Billing Department]  
[Address Line 1]  
[City, State, Zip Code]  
[Phone Number]  
[Date]

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

**Subject: Courtesy Notice Regarding Unpaid Medical Balance**

Dear [Patient Name],

This is a courtesy reminder regarding an outstanding balance on your account for medical services provided on [Date of Service].

According to our records, the following amount remains unpaid:

- **Account Number:** [Account Number]
- **Invoice Number:** [Invoice Number]
- **Total Balance Due:** \$[Amount]

We understand that medical billing can be complex. If you have already sent your payment, please disregard this notice. If you believe this balance has been paid by your insurance provider or if you have questions regarding the charges, please contact our billing office at [Phone Number] so we can update your records.

Payments can be made via the following methods:

- **Online:** [Website URL]
- **Phone:** [Phone Number]
- **Mail:** [Mailing Address for Payments]

If you are experiencing financial hardship, please reach out to us to discuss potential payment plan options.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name/Signature]  
[Title/Department]  
[Organization Name]