

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

[Date]

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

**Subject: Statement of Outstanding Balance**

Dear [Patient Name],

This is a friendly reminder regarding your outstanding medical balance for services provided on [Date of Service]. Our records indicate that there is an unpaid balance of \$[Amount Due] on your account.

If you have already sent your payment, please disregard this notice. If not, please submit your payment by [Due Date].

**Account Summary:**

- Account Number: [Account Number]
- Date of Service: [Date of Service]
- Total Amount Due: \$[Amount Due]

You can make a payment by:

- Mailing a check or money order to the address listed above.
- Calling our billing office at [Phone Number] to pay via credit/debit card.
- Visiting our online payment portal at [Website URL].

If you have any questions regarding this statement, or if you believe there is an error, please contact our billing department as soon as possible. We are also happy to discuss payment plan options if needed.

Thank you for your prompt attention to this matter.

Sincerely,

[Billing Department/Name]  
[Your Practice/Clinic Name]