

[Your Name/Facility Name]
[Billing Address]
[City, State, Zip Code]
[Phone Number]

[Date]

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

Subject: Reminder of Outstanding Balance

Dear [Patient Name],

This is a friendly reminder that your account with [Facility Name] currently has an outstanding balance of \$[Amount]. This balance was due on [Original Due Date] for services provided on [Date of Service].

Our records indicate that we have not yet received payment for this statement. If you have already sent your payment, please disregard this notice.

Account Summary:

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

You can make a payment by:

- **Online:** Visit [Website URL]
- **Phone:** Call our billing department at [Phone Number]
- **Mail:** Send a check to the address listed at the top of this letter

If you are experiencing financial difficulties or have questions regarding your insurance coverage, please contact us immediately. We are happy to discuss payment plan options with you.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name/Department]
[Facility Name]